

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


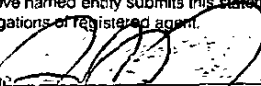
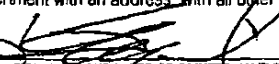
FILED
Apr 22, 2004 8:00 am
Secretary of State

04-09-2004 90045 003 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 767874			
1. Entity Name PARKSIDE OWNERS ASSOCIATION, INC.			
Principal Place of Business 517 B N HARBOR CITY BLVD MELBOURNE FL 32935		Mailing Address 517 B N HARBOR CITY BLVD MELBOURNE FL 32935	
2. Principal Place of Business 1790 Hwy A1A Suite, Apt. #, etc. # 104		3. Mailing Address 1790 Hwy A1A Suite, Apt. #, etc. 104	
City & State Satellite Beach, FL		City & State Satellite Beach, FL	
Zip 32937	Country USA	Zip 32937	Country USA
4. FEI Number 59-2379519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCWILLIAMS, DAVID T. 517-B N. HARBOR CITY BLVD MELBOURNE FL 32935		7. Name and Address of New Registered Agent Name Robert R. Briel Street Address (P.O. Box Number is Not Acceptable) 1790 Hwy A1A, # 104 City Satellite Bch, FL Zip Code 32937	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ROBERT R. BRIEL DATE 4/19/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS, DAVID T 517 B N HARBOR CITY BLVD MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vp, S. T. D Bronson, Phil 1034 S. Harbor City Blvd. Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIEL, ERNEST M 401 ROXY AVE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRONSON, PHIL 1034 S HARBOR CITY BLVD MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE  ERNEST M. BRIEL DATE 4/1/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #	