2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 767874

1. Entity Name
PARKSIDE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1790 HWY A1A #104 SATELLITE BEACH, FL 32937	1790 HWY A1A #104 SATELLITE BEACH, FL 32937

01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2379519
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRIEL, ROBERT R
1790 HWY A1A #104
SATELLITE BEACH, FL 32937

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	BRONSON, PHIL
STREET ADDRESS	1034 S HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	PD
NAME	BRIEL, ERNEST M
STREET ADDRESS	401 ROXY AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	SD
NAME	BRONSON, PHIL
STREET ADDRESS	1034 S HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80034-001 61.25

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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 4/6/05 (321) 773-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #