

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90437 045 \*\*\*\*61.25

<b>DOCUMENT #767874</b> 1. Entity Name <b>PARKSIDE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1790 HWY A1A #104</b> <b>SATELLITE BEACH, FL 32937</b>			Mailing Address <b>1790 HWY A1A #104</b> <b>SATELLITE BEACH, FL 32937</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>208</b> City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. <b>208</b> City & State Zip Country		
4. FEI Number <b>59-2379519</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BRIEL, ROBERT R</b> <b>1790 HWY A1A #104 208</b> <b>SATELLITE BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4/20/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>BRONSON, PHIL</b> <b>1034 S HARBOR CITY BLVD</b> <b>MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRIEL, ERNEST M</b> <b>401 ROXY AVE</b> <b>MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRONSON, PHIL</b> <b>1034 S HARBOR CITY BLVD</b> <b>MELBOURNE, FL 32901</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				DATE <b>4/20/06</b> (321) 768-1706	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					