
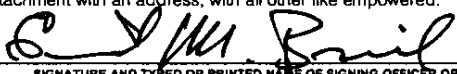


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 029 ****61.25

DOCUMENT # 767874 1. Entity Name PARKSIDE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1790 HWY A1A #104 208 SATELLITE BEACH, FL 32937			Mailing Address 1790 HWY A1A #104 208 SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box # 1790 Hwy A1A		3. Mailing Address 1790 Hwy A1A			
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208			
City & State Satellite Beach, FL		City & State Satellite Beach, FL			
Zip 32937		Country USA		Zip 32937	
Country USA		Country USA			
6. Name and Address of Current Registered Agent BRIEL, ROBERT R 1790 HWY A1A #104 208 SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name BRIEL, ROBERT R. Street Address (P.O. Box Number Is Not Acceptable) 1790 Hwy A-1-A #208 City Satellite Beach 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VSTD 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	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	<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	
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	
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 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: 			3-12-07 321-773-7715		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40050100



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2379519

Applied For
Not Applicable

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