

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770103 (0)

1. Corporation Name  
**PARKSIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, I NC.**



Principal Place of Business: P.O. BOX 640508 BEVERLY HILLS FL 34464-0508  
Mailing Address: P. O. BOX 640508 BEVERLY HILLS FL 34464-0508 US

3. Date Incorporated or Qualified: 09/02/1983  
3a. Date of Last Report: 02/17/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2489770	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

STEERWALD, PHYLLIS C  
634 W WILD PINE CIRCLE  
BEVERLY HILLS, FL 34465

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, ARLENE	1.2 NAME	
STREET ADDRESS	3953 N SPANISH MOSS PT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISH, IRVING	2.2 NAME	<i>PD Towns, Valeria G.</i>
STREET ADDRESS	580 W CHERRY LAUREL CT	2.3 STREET ADDRESS	<i>581 W. Cherry Laurel Ct</i>
CITY-ST-ZIP	BEVERLY HILLS FL	2.4 CITY-ST-ZIP	<i>Beverly Hills, FL 34465</i>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTWELL, H NEAL	3.2 NAME	
STREET ADDRESS	3943 N SPANISH MOSS POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEERWALD, PHYLLIS	4.2 NAME	
STREET ADDRESS	634 W WILD PINE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 4/16/96 Daytime Phone #: (852) 527-1526

CR2E037 (12/95)