


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/02/1983

4. FEI Number
59-2489770

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Amy Mills

82 Street Address (P.O. Box Number is Not Acceptable) 531 W. Sand Oak Ct.

83

84 City Beverly Hills FL 85 Zip Code 34465

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 Amy Mills *Amy Mills* **Feb 7, 1998**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUSTON, ARLENE		1.2 NAME Amy Mills	
STREET ADDRESS 3953 N SPANISH MOSS PT		1.3 STREET ADDRESS 531 W. Sand Oak Ct.	
CITY-ST-ZIP BEVERLY HILLS FL		1.4 CITY-ST-ZIP Beverly Hills, Fl. 34465	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOWNS, VALERIA G.		2.2 NAME S. H. Braaten	
STREET ADDRESS 531 W. CHERRY LAUREL CT		2.3 STREET ADDRESS 655 Wild Pine Circle	
CITY-ST-ZIP BEVERLY HILLS FL		2.4 CITY-ST-ZIP Beverly Hills, Fl. 34465	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOTWELL, H NEAL		3.2 NAME Phyllis Daristotle	
STREET ADDRESS 3943 N SPANISH MOSS POINT		3.3 STREET ADDRESS 635 W. Wild Pine Circle	
CITY-ST-ZIP BEVERLY HILLS FL		3.4 CITY-ST-ZIP Beverly Hills, Fl. 34465	
TITLE DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEERWALD, PHYLLIS		4.2 NAME Armand Fecteau	
STREET ADDRESS 634 W WILD PINE CIRCLE		4.3 STREET ADDRESS 3957 N. Huckleberry Pt.	
CITY-ST-ZIP BEVERLY HILLS FL		4.4 CITY-ST-ZIP Beverly Hills, Fl. 34465	
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 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 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 Amy Mills *Amy Mills* **Feb 7, 1998**

CFR2E037 (10/97)