1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770103

PARKSIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business								
P.O. BOX 640508								

Mailing Address

P. O. BOX 640508 BEVERLY HILLS FL 34464-0508

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90113 049 ***150.00

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3. Date Incorporated or Qualifed

2. Principal P	lace of Business	2a. Mailin	g Address				3. Date Incorporated or Qualifed			
21		26					09/02/1983	lana	lied For	
Suite, Apt.	#, etc.	<u> </u>	Apt. #, etc.				4. FEI Number 59-2489770	<u> </u>	Applicable ~	
22		27					39-240911U			
City & State City & State						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country	Zip		Countr	ý		6. Election Campaign Financing	\$5.00 M	May Be	
4 25 29 30]	Trust Fund Contribution Added to Fee			Fees		
•	9. Name and Address of Current	Registered A	Agent				10. Name and Address of New Registered	Agent		
				81	Name	Wi	lliam O'Hare			
AMY MILLS					82 Street Address (P.O. Box Number is Not Acceptable)					
531 W SAND OAK CT					52 State Address (1.0. Dox Hallion to Het Mesophanie)					
BEVERLY HILLS, FL 34465					646 W. Wild Pine Cr.					
DEVENE	1111110, 11 34403			84		w.	WIIG FIRE CI.	85 Zip Co	odo	
					Be		rly Hills FL	- 3446	65	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508	8, Florida Statutes,	the abov	re-named co	orpora	ation submits this statement for the purpose of s board of directors. I hereby accept the appoi	changing its red	egistered istered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section	n 617.0503, Florida	Statute	s.	auom	s sould of directors. Thereby accept the appear	110,1011, 00 109.	0.0700	
SIGNATURE	, -				0'Har	Α.	President		1	
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicab		gistered Age	nt signature requ	w beniup	hen reinstating) DATE			
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD		☑ DELETE	1.1 TITLE	ł	PD)	Change	☐ Addition	
NAME	AMY MILLS			1.2 NAME			11iam O'Hare		ļ	
STREET ADDRESS	531 W SAND OAK CT			1.3 STREE	TADDRESS			*****	0116F	
CITY-ST-ZIP	BEVERLY HILLS FL 34465			1.4 CITY-1	ST-ZIP	64	6 W. Wild Pine Cr, Beverl			
TITLE	VD		☑ OELETE	2.1 TITLE		VD		Change	☐ Addition	
NAME	S H BRAATEN			2.2 NAME			ymond Smutko		ł	
STREET ADDRESS	655 WILD PINE CIR			2.3 STREE	T ADDRESS	_	57 N Coralwood Terr		ļ	
CITY-ST-ZIP	BEVERLY HILLS FL 34465			2. 4 CITY-	ST-ZIP	Be	verly Hills, Fl 34465			
TITLE	SD		DELETE	3.1 TITLE		SD		Change	☐ Addition	
NAME	PHYLLIS DARISTOTLE			3.2 NAME			mmy D. Chiddix			
STREET ADDRESS				3.3 STREE	ET ADDRESS		8 W. Wild Pine Cr	•	,	
CITY-ST-ZIP	BEVERLY HILLS FL 34465			3 4. CITY-	ST-ZIP		verly Hills. FL 34465			
TITLE	TD		☑ DELETE	4.1 TITLE		TD		Change	Addition	
NAME	ARMAND FECTEAU			4. 2 NAME			ith McDonough			
STREET ADDRESS	3957 N HUCKLEBERRY PT				T ADDRESS		70 N Huckleberry Pt			
	BEVERLY HILLS FL 34465			4.4 CITY-		22	verly Hills, FL 34465		ł	
CITY-ST-ZIP	BEVERLT FILLS FL 34403		DELETE	5.1 TITLE	51-2F	DC.	verly artis, ar 1990)	[X] Change	Addition	
				5.2 NAME					_	
NAME					ET ADDRÉSS				ſ	
STREET ADDRESS				5.4 CITY-						
CITY-ST-ZIP			DELETE	6.1 TITLE				[] Change	Addition	
TITLE			FT DETEILE	6.2 NAME				C)90		
NAME					ET ADDRESS					
STREET ADDRESS					i				•	
CITY_\$T_7/P	1			6.4 CITY-	⊅1-4P [ľ	

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 addictional statutes, with all other like empowered.

SIGNATURE:

William O'Hare, President

352-527-871.5