

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90030 008 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 770103

1. Entity Name
PARKSIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, I

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
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number **59-2489770** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent OHARE, WILLIAM 646 W WILD PINE CR BEVERLY HILLS, FL 34465		7. Name and Address of New Registered Agent Name VALERIA TOWNS Street Address (P.O. Box Number is Not Acceptable) 531 W. CHERRY LAUREL Ct. City BEVERLY Hills FL Zip Code 34465	
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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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <i>Trust Fund Contribution.</i>	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OHARE, WILLIAM 646 W WILD PINE CR BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VALERIA TOWNS 531 W. CHERRY LAUREL Ct. BEVERLY Hills, FL 34465 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMUTKO, RAYMOND 5157 N CORALWOOD TERR BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOM FRANKLIN 3830 N. BRIARBERRY Pt. BEVERLY Hills, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIDDIX, JIMMY D 638 W WILD PINE CR BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLEY, CAROLYN 549 W. CHERRY LAUREL Ct. BEVERLY Hills, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONOUGH, EDITH 3970 N HUCKLEBERRY PT BEVERLY HILLS FL 34465 <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 exemption stated in Section 119.07(3)(i), 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: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____