

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 17, 2006**  
**Secretary of State**

DOCUMENT# N01000007956

**Entity Name:** PARKSIDE AT ERROL ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6250 HAZELTINE NATIONAL DRIVE  
SUITE 102  
ORLANDO, FL 32822**New Principal Place of Business:**8009 S. ORANGE AVE  
ORLANDO, FL 32809**Current Mailing Address:**6250 HAZELTINE NATIONAL DRIVE  
SUITE 102  
ORLANDO, FL 32822**New Mailing Address:**8009 S. ORANGE AVE  
ORLANDO, FL 32809**FEI Number:** 59-3755087**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**FURLOW, REBECCA  
8009 S. ORANGE AVE  
ORLANDO, FL 32809 US

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: REBECCA FURLOW

07/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOSS, DAVID  
Address: 6250 HAZELTINE NATIONAL DR, SUITE 102  
City-St-Zip: ORLANDO, FL 32822

Title: VPD ( ) Delete  
Name: LAWSON, ROBERT  
Address: 6250 HAZELTINE NATIONAL DR, SUITE 102  
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete  
Name: MURPHY, BRANDY  
Address: 6250 HAZELTINE NATIONAL DR, SUITE 102  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DOLAN, ROB  
Address: 12278 COLONIAL DR SUITE 700  
City-St-Zip: ORLANDO, FL 32828

Title: VPD (X) Change ( ) Addition  
Name: HAWKS, CANDICE  
Address: 111 N. ORANGE AVE SUITE 1040  
City-St-Zip: ORLANDO, FL 32801

Title: STD (X) Change ( ) Addition  
Name: GONZALEZ, ROLLIE  
Address: 141315 CORPORATE BLVD SUITE 250  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDICE HAWKS

VPD

07/17/2006

Electronic Signature of Signing Officer or Director

Date