

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007956

FILED
Apr 19, 2007
Secretary of State

Entity Name: PARKSIDE AT ERROL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3755087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECCA
8009 S. ORANGE AVE
2180 W. SR. 434, STE. 5000
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MISKELL, DANA
Address: 1347 MADISON IVY CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: PAGE, BRAIN
Address: 569 AZALEA BLOOM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition
Name: GOULD, ROBERT
Address: 1023 PARKSIDE POINTE BLVD
City-St-Zip: APOPKA, FL 32712

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: DANA MISKELL

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date