

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006063

1. Entity Name
**PARKSIDE PLACE HOMEOWNERS ASSOCIATION OF
TALLAHASSEE, INC.**



Principal Place of Business
**3033 ELIZA ROAD STE 2
TALLAHASSEE, FL 32308**

Mailing Address
**3033 ELIZA ROAD STE 2
TALLAHASSEE, FL 32308**



02132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
54-2120242

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FL
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Daniel MANAUSA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-5-2006

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NAUMANN, JASON C
STREET ADDRESS	3033 ELIZA ROAD STE 2
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	NAUMANN, CARLY D
STREET ADDRESS	3033 ELIZA ROAD STE 2
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	MOORE, MICHAEL D
STREET ADDRESS	1974 FALCON COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32249
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000050770
04/25/06-80036-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #