

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 18 PM 5:01

<b>DOCUMENT # N03000006063</b> 1. Entity Name <b>PARKSIDE PLACE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.</b>					
Principal Place of Business <del>3033 ELIZA ROAD STE 2</del> <del>TALLAHASSEE, FL 32308</del> <b>1953 Thomasville Rd., Ste. 101</b> <b>Tallahassee, FL 32303</b>				Mailing Address <del>3033 ELIZA ROAD STE 2</del> <del>TALLAHASSEE, FL 32308</del> <b>1953 Thomasville Rd., Ste. 101</b> <b>Tallahassee, FL 32303</b>	
2. Principal Place of Business - No P.O. Box # <b>1953 Thomasville Road</b> Suite, Apt. #, etc. <b>Ste. 101</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Tallahassee, FL</b>		City & State 		4. FEI Number <b>54-2120242</b>	
Zip <b>32303</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANAUSA, DANIEL E</b> <b>3520 THOMASVILLE ROAD</b> <b>4TH FL</b> <b>TALLAHASSEE, FL 32309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE  <b>6-18-09</b> </div> </div>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>NAUMANN, JASON C</b> <del>3033 ELIZA ROAD STE 2</del> <b>1953 Thomasville Rd</b> <del>TALLAHASSEE, FL 32308</del> <b>32303 Ste. 101</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1953 Thomasville Road, Ste. 101</b> <b>Tallahassee, FL 32303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>NAUMANN, CARLY D</b> <del>3033 ELIZA ROAD STE 2</del> <b>1953 Thomasville Rd</b> <del>TALLAHASSEE, FL 32308</del> <b>32303 Ste. 101</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1953 Thomasville Road, Ste. 101</b> <b>Tallahassee, FL 32303</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MOORE, MICHAEL D</b> <b>1974 FALCON COURT</b> <b>JACKSONVILLE, FL 32249</b>		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 <b>500157440765</b> <b>06/19/09--01004--010 **122.50</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">B 6/19/09</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500157440765</b> <b>06/19/09--01004--011 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-family: cursive;">STATEMENT 08-09</div>		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 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:			<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         </div> <div>           Date  <b>6-17-09</b> </div> <div>           Daytime Phone #         </div> </div>		