



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90191 037 ****61.25

DOCUMENT # N03000006575 1. Entity Name PARKRIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 310 MPEARL AVENUE SARASOTA, FL 34243			Mailing Address 9031 TOWNCENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box # DELLCOR MANAGEMENT Suite, Apt. # etc. 310 PEARL AVENUE		3. Mailing Address DELLCOR MGMT Suite, Apt. # etc. 310 PEARL AVENUE			
City & State SARASOTA FLORIDA		City & State SARASOTA FL		4. FEI Number 81-0627785	
Zip 34243		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELL CAR MANAGEMENT 310 MPEARL AVENUE SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TERRY 3581 PARKRIDGE CIR SARASOTA, FL 34243 <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	VP GULA, JOSEPH 301 N. CATTLEMAN RD. #108 SARASOTA, FL 34243 <input checked="" 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	S MARCUSKY, STEPHANIE 3462 PARKRIDGE CIR SARASOTA, FL 34243 <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	T MAESTAS, JACOB 3467 PARKRIDGE CIR SARASOTA, FL 34243 <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	D NEIDIG, RICHARD 3562 PARKRIDGE CIR SARASOTA, FL 34243 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIDIG, RICHARD 3562 PARKRIDGE CIRCLE SARASOTA FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, DOUGLAS 9031 TOWN CENTER PKWY BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISCHMAN, PAT 3562 PARKRIDGE CIRCLE SARASOTA FL 34243 <input type="checkbox"/> Change <input checked="" 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: <u>Jacob F. Maestas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/18/08</u> Daytime Phone # <u>9413557433</u>	