

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009171
 1. Entity Name
 PARKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.
 OF HILLSBOROUGH COUNTY



Principal Place of Business Mailing Address
 3626 ERINDALE DR 3626 ERINDALE DR
 VALRICO, FL 33594 VALRICO, FL 33594



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0740307 Not Applicable

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

6. Name and Address of Current Registered Agent
 HASBINI, ALI
 3626 ERINDALE DR
 VALRICO, FL 33594

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000237704
 02/21/05-80067-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP APPLEYARD, ROBERT 3626 ERINDALE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POPOVICH, GAIL 3626 ERINDALE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEJMAN, DAVID 3626 ERINDALE DR VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Appleyard ROBERT APPELYARD 1/5/05 813-681-8419
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #