2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009171

Apr 30, 2006 Secretary of State

Entity Name: PARKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC. OF HILLSBOROUGH COUNTY

Current Principal Place of Business: New Principal Place of Business:

3626 ERINDALE DR 5711 TANAGERSIDE ROAD

VALRICO, FL 33594 LITHIA, FL 33547

Current Mailing Address: New Mailing Address:

3626 ERINDALE DR 5711 TANAGERSIDE ROAD

VALRICO, FL 33594 LITHIA, FL 33547

FEI Number: 20-0740307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASBINI, ALI SMITH, EI

3626 ERINDALE DR 5711 TANAGERSIDE ROAD VALRICO, FL 33594 US LITHIA, FL 33547 US

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: ED W. SMITH 04/30/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DP () Delete Title: DP (X) Change () Addition

Name: APPLEYARD, ROBERT Name: SMITH, ED W

 Address:
 3626 ERINDALE DR
 Address:
 5711 TANAGERSIDE ROAD

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 LITHIA, FL 33547

Title: DST () Delete Title: DST (X) Ch

Title: DST () Delete Title: DST (X) Change () Addition Name: POPOVICH, GAIL Name: KEIPPER, SCOTT

 Address:
 3626 ERINDALE DR
 Address:
 5701 TANAGERSIDE ROAD

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 LITHIA, FL 33547

Title: DV () Delete Title: (X) Change () Addition NEJMAN, DAVID HENDERSON, CHRISTIAN Name: Name: Address: 3626 ERINDALE DR Address: 5713 TANAGERSIDE ROAD City-St-Zip: VALRICO, FL 33594 City-St-Zip: LITHIA, FL 33547

Title: () Delete Title: DS () Change (X) Addition
Name: SILMORE, MARIE

Address: Address: 5801 TANAGERSIDE ROAD

City-St-Zip: City-St-Zip: LITHIA, FL 33547

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: ED W. SMITH DP 04/30/2006