

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2008
Secretary of State**

DOCUMENT# N03000009171

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

Current Principal Place of Business:

5711 TANAGERSIDE ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

5711 TANAGERSIDE ROAD
LITHIA, FL 33547

New Mailing Address:

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

Name and Address of Current Registered Agent:

SMITH, ED
5711 TANAGERSIDE ROAD
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, ED W
Address: 5711 TANAGERSIDE ROAD
City-St-Zip: LITHIA, FL 33547

Title: DT () Delete
Name: LEE, SUANNE
Address: 5605 LARK MEADOW PLACE
City-St-Zip: LITHIA, FL 33547

Title: DS () Delete
Name: ANDERSON, LISA
Address: 5618 LARK MEADOW PLACE
City-St-Zip: LITHIA, FL 33547

Title: DV () Delete
Name: GILMORE, MARIE
Address: 5801 TANAGERSIDE ROAD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUANNE LEE

TREA

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date