

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004037

FILED
Mar 02, 2006
Secretary of State

Entity Name: PARKSIDE ESTATES OF DAVIE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

18851 NE 29 AVENUE SUITE 700
AVENTURA, FL 33180

New Principal Place of Business:

18851 NE 29 AVENUE SUITE 700
700
AVENTURA, FL 33180

Current Mailing Address:

18851 NE 29 AVENUE SUITE 700
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-2104112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMACHER, LORI ESQ
18851 NE 29 AVENUE SUITE 700
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

POSNER, GARY D
18851 NE 29 AVENUE SUITE 700
AVENTURA, FL 33180 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: GARY D. POSNER

03/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POSNER, GARY D
Address: 18851 NE 29 AVENUE SUITE 700
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: POSNER, MATTHEW
Address: 18851 NE 29 AVENUE SUITE 700
City-St-Zip: AVENTURA, FL 33180

Title: STD () Delete
Name: POSNER, RONALD
Address: 18851 NE 29 AVENUE SUITE 700
City-St-Zip: AVENTURA, FL 33180

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:

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: GARY D. POSNER

PRES

03/02/2006

Electronic Signature of Signing Officer or Director

Date