

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90059 017 ****61.25

DOCUMENT # N04000006435					
1. Entity Name PARKSIDE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5439 BEAUMONT CENTER BLVD., SUITE 1050 TAMPA, FL 33634			Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box # 4301 32nd St W		3. Mailing Address 4301 32nd St W			
Suite, Apt. #, etc. Suite A20		Suite, Apt. #, etc. Suite A20			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 20-1900005	
Zip 34205		Country MARIETTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPART PROPERTIES, INC. 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name: C&S Condominium Management Street Address (P.O. Box Number is Not Acceptable): 4301 32nd Street West Suite A20 City: Bradenton, FL FL Zip Code: 34205		
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, 2007		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	PD VALENTI, BETTY <input checked="" type="checkbox"/> Delete 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BROWN, DAVID 3434 70th Ct East Palmetto FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete WILSON, SHAWN H 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEWIS, CHARLES 3420 70th Glen East Palmetto FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete MILLSPAUGH, KATHY 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FORRISTALE, COLLEEN 3414 71st St East Palmetto FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:			President 4/25/07 941-932-3522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		