

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008882

FILED
Apr 29, 2009
Secretary of State

Entity Name: PARKSIDE TOWNHOMES AT VENETIAN BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

424 LUNA BELLA LN. SUITE 133
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

424 LUNA BELLA LN. SUITE 133
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-1649791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JERRY, JOHNSON S
424 LUNA BELLA LN.
NEW SMYRNA BEACH, FL 32168 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: DVT () Delete
Name: JOHNSON, JERRY SR
Address: 424 LUNA BELLA LN SUITE 133
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DP () Delete
Name: JOBALIA, DIPAK
Address: 846 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: DS () Delete
Name: CAMPBELL, ARTHUR
Address: 424 LUNA BELLA LN SUITE 133
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS () Delete
Name: ANAND, JOBALIA
Address: 846 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

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: JERRY JOHNSON

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date