2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N04443

Entity Name: PARKSIDE GREEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1218 PARKSIDE GREEN DR.
GREENACRES, FL 334151433

New Principal Place of Business:

Current Mailing Address:

1218 PARKSIDE GREEN DR.
GREENACRES, FL 334151433

New Mailing Address:

FEI Number: 59-2423639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, EDWARD
DICKER, KAIROK & STOLOFF, PA
1818 AUSTRALIAN AVE SO SUITE 400
WEST PALM BEACH, FL 33409 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: ST ( ) Delete
Name: PASCALE, BARBARA
Address: 1218 PARKSIDE GREEN DR
City-St-Zip: WEST PALM BEACH, FL 334151433

Title: D ( ) Delete
Name: HERNANDEZ, DIANE
Address: 1218 PARKSIDE GREEN
City-St-Zip: GREENACRES, FL 334151433

Title: P ( ) Delete
Name: ROBERTSON, MARLENE
Address: 1218 PARKSIDE GREEN
City-St-Zip: GREENACRES, FL 334151433

Title: D ( ) Delete
Name: SANCHEZ, SUSANNA
Address: 1218 PARKSIDE GREEN
City-St-Zip: GREENACRES, FL 334151433

Title: D ( ) Delete
Name: GRIFFIN, MAXINE
Address: 1218 PRKSIDE GREEN DR
City-St-Zip: WEST PALM BEACH, FL 334151433

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:

Title: D (X) Change ( ) Addition
Name: GRIFFIN, MAXINE
Address: 1218 PARKSIDE GREEN DR
City-St-Zip: WEST PALM BEACH, FL 334151433

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: MARLENE ROBERTSON PRES 01/25/2009

Electronic Signature of Signing Officer or Director — Date