


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90005 007 \*\*\*\*61.25

<b>DOCUMENT # N05000000692</b> 1. Entity Name <b>PARKSIDE SPB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9050-9060 BLIND PASS ROAD ST PETE BEACH, FL 33706</b>			Mailing Address <b>6251 PARK BLVD. 8 PINELLAS PARK, FL 33781</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1125 W. Monroe Circle N.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)	
City & State		City & State <b>St. Petersburg, FL</b>		4. FEI Number <b>20-2233331</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33703</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAY, GERRIE 6251 PARK BLVD. 8 PINELLAS PARK, FL 33781</b>				7. Name and Address of New Registered Agent  Name <b>Gerrie Ray</b> Street Address (P.O. Box Number is Not Acceptable) <b>1125 W. Monroe Circle N.</b> City <b>St. Petersburg FL</b> Zip Code <b>33703</b>	
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 <b>Gerrie Ray</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1-14-08</b>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'DONNELL, TIMOTHY 5747 HERON PARK PLACE WITHIA, FL 33540	<input checked="" 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	VPTD ROSE, DANIE 2043 BAYOU GRANDE BLVD. NE SAINT PETERSBURG, FL 33703	<input checked="" 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	SD HAYRAPETIAN, IRENE 9060 BLINA PASS RD., 27 SAINT PETERSBURG, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Terry Lou Ritchie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3291 55th Ave St. Pete Beach, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Fiona Bradley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9060 Blina Pass Rd #21 St. Pete Beach, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <b>W. Out</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>1-14-08 727-547-9698</b> Date Daytime Phone #	