


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90438 050 \*\*\*\*61.25

<b>DOCUMENT # N05000009543</b>					
<b>1. Entity Name</b> PARKSIDE OFF FIFTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3050 NORTH HORSESHOE DRIVE SUITE 172 NAPLES, FL 34104			<b>Mailing Address</b> 3050 NORTH HORSESHOE DRIVE #172 NAPLES, FL 34104		
<b>2. Principal Place of Business - No P.O. Box #</b> 601 7TH AVE SOUTH		<b>3. Mailing Address</b> SAME AS PRINCIPAL			
Suite, Apt. #, etc. # 204		Suite, Apt. #, etc. PRINCIPAL			
<b>City &amp; State</b> Naples FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 76-0801562	
<b>Zip</b> 34102		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALLEN, CHARLES A 3050 N. HORSESHOE DRIVE SUITE 172 NAPLES, FL 34104 <i>Platinum Reg Mtg</i> <i>1016 Collier Center Way</i> <i>Suite #102</i> <i>Naples, FL 34110</i>			<b>7. Name and Address of New Registered Agent</b> Name: <u>MARTHA HUNTERBURG</u> Street Address (P.O. Box Number is Not Acceptable): <u>601 7TH AVE SOUTH # 204</u> City: <u>Naples</u> <u>FL</u> <u>34102</u>		
<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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>5-20-7</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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 <u>N</u> HUNTERBURG, MARTHA 601 7TH AVE. SOUTH #204 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VELECHKO, WALLY 601 7TH AVE. SOUTH #303 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUTCHISON, ROBBIE 601 7TH AVE. SOUTH #201 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>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>					
<b>SIGNATURE:</b> <u>[Signature]</u> DATE: <u>5-20-7</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02012007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable