

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003267

FILED
Mar 07, 2009
Secretary of State

Entity Name: PARK SIDE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2018 FLETCHER STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2018 FLETCHER STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 27-0140995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, KEN
2018 FLETCHER STREET
HOLLYWOOD, FL 33020 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: P () Delete
Name: CRAWFORD, KEN
Address: 2018 FLETCHER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: V () Delete
Name: SCHMITT, KIM
Address: 2022 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: QUIGNEY, FLORENCE
Address: 1849 DEWEY STREET #2
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: ETILING, MEAGAN
Address: 2021 MONROE STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: T (X) Change () Addition
Name: WICKUM, MEAGAN
Address: 2021 MONROE STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: MEAGAN WICKUM

OFFI

03/07/2009

Electronic Signature of Signing Officer or Director

Date