

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-22-2007 90002 032 ****61.25

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DOCUMENT # N06000003488					
1. Entity Name PARKSIDE VILLAS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5514 PARK BOULEVARD PINELLAS PARK, FL 33781			Mailing Address 5514 PARK BOULEVARD PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			Applied For		
20-4678205			Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional Fee Required		
<input type="checkbox"/>			Yes		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____					
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agents signature required when renewing)					
DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
		Trust Fund Contribution.		<input type="checkbox"/>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Stross, John E.	
NAME	STROSS, JASON E		NAME		
STREET ADDRESS	3010 82ND WAY NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		
NAME	BRODERICK, ROGER B		NAME		
STREET ADDRESS	5514 PARK BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Stross, Jason E.	
NAME	STROSS, JOHN E		NAME		
STREET ADDRESS	7825 3RD AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE:			3/14/07 727-544-1403		
Signature and typed or printed name of signing officer or director			Date		