2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N06256

Entity Name: PARKSIDE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ACHERON ASSOCIATES
13101 MCGREGOR BLVD
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

ACHERON ASSOCIATES
13101 MCGREGOR BLVD
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2523998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YERRICK, DOUGLAS L
13101 MCGREGOR BLVD
FORT MYERS, FL 33919 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: PD ( ) Delete
Name: SUTTLE, LONNIE
Address: 15051 PARKSIDE DR # 3
City-St-Zip: FORT MYERS, FL 33908

Title: 2VPD ( ) Delete
Name: SUTTON, KIM
Address: 15205 PARKSIDE DR 6
City-St-Zip: FORT MYERS, FL 33908

Title: 1VPD ( ) Delete
Name: DEQUINZIO, CAMELA
Address: 15076 PARKSIDE DR #4
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete
Name: HANEY, MARIAN
Address: 15051 PARKSIDE DR, #1
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete
Name: SETHER, WAYNE
Address: 15101 PARKSIDE DR. #4
City-St-Zip: FORT MYERS, FL 33908

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LONNIE SUTTLE PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date