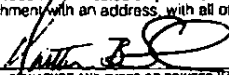


FILED
May 02, 2008 8:00 am
Secretary of State

02-18-2008 90021 046 ***61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

2/1

DOCUMENT # N07000007206			
1. Entity Name PARKSIDE BUILDING "C" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7916 EVOLUTIONS WAY, STE. 106 TRINITY, FL 34655		Mailing Address 7916 EVOLUTIONS WAY, STE. 106 TRINITY, FL 34655	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAW, MATTHEW B 7916 EVOLUTIONS WAY, STE. 106 TRINITY, FL 34655		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 date if applicable (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	SHAW, MATTHEW B		
STREET ADDRESS	7916 EVOLUTIONS WAY, STE. 106		
CITY - ST - ZIP	TRINITY, FL 34655		
TITLE	VPD	☐ Delete	
NAME	HUDSON, JOSEPH		
STREET ADDRESS	8801 RIVER CROSSING BLVD.		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		
TITLE	TSD	☐ Delete	
NAME	FLORES, ARMANDO III		
STREET ADDRESS	7916 EVOLUTIONS WAY, STE. 106		
CITY - ST - ZIP	TRINITY, FL 34655		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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: 		2/13/08 727-569-2327	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	