2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008109

O'LEARY, DEREK

JACKSONVILLE, FL 32257

9803 OLD ST. AUGUSTINE RD, SUITE 1

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Name: PARKSIDE TOWNHOMES OF ATLANTIC BEACH OWNER'S ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 9803 OLD ST. AUGUSTINE RD SUITE 1 JACKSONVILLE, FL 32257 **New Mailing Address: Current Mailing Address:** 9803 OLD ST. AUGUSTINE RD SUITE 1 JACKSONVILLE, FL 32257 FEI Number: 26-2415204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REINSCH, MARK A MAJED EL HASSAN, MARC MARK A. REINSCH, P.A. 9803 OLD ST AUGUSTINE RD 2700 LAKE SHORE BLVD SUITE 1 JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32257 US 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: MARC MAJED EL HASSAN 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MAJED EL HASSAN, MARC Name: Name: 9803 OLD ST. AUGUSTINE RD, SUITE 1 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: HASSAN, ANDREW Name: Address: 9803 OLD ST. AUGUSTINE RD. SUITE 1 Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: DST (X) Delete Title: () Change () Addition

Name:

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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: MARC MAJED EL HASSAN DP 04/29/2009