

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15977 (4)**
1. Corporation Name

PARKSIDE VILLAS AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **918 BRADSHAW TER ORLANDO FL 32801 US**
Mailing Address: **P.O. BOX 73 ORLANDO FL 32802**

3. Date incorporated or Qualified: **07/21/1986**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.
4. FEI Number: **59-2823051**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **NEIL BAILEY, 918 BRADSHAW TERRACE, 431-E CENTRAL BLVD. #220, ORLANDO FL 32806**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **NEIL BAILEY** (with signature) DATE: **2/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: PD	NAME: TONY RIZZO	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1963 MAPLE LEAF DRIVE	CITY-ST-ZIP: WINDERMERE FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: SD	NAME: HAWLEY, DEBORAH	2.1 TITLE:	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 820 PARK VILLA CIR.	CITY-ST-ZIP: ORLANDO FL	2.2 NAME:	ANTHONY FERRARA
		2.3 STREET ADDRESS:	427 MAPLE FOREST DR.
		2.4 CITY-ST-ZIP:	ORLANDO, FL 32825
TITLE: D	NAME: NIWATAMAKA, SAKOA	3.1 TITLE:	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 809 PARKVILLA CIRCLE	CITY-ST-ZIP: ORLANDO FL 32824	3.2 NAME:	JANE SPITZ
		3.3 STREET ADDRESS:	931 PARK VILLA CIR.
		3.4 CITY-ST-ZIP:	ORLANDO, FL 32824
TITLE: DT	NAME: FERRARA, ANTHONY	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 972 MAPLE FOREST DR	CITY-ST-ZIP: ORLANDO FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	600001876126
		6.3 STREET ADDRESS:	-06/26/96--01053--031
		6.4 CITY-ST-ZIP:	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Tony Rizzo** (with signature) DATE: **2/20/96** DAYTIME PHONE #: **05 6186196**

CR2E037 (12/95)