2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16236 1. Entity Name THE PARKSTONE CONDOMINIUM ASSOCIATION, INC.					FILED Feb 11, 2000 8:00 am Secretary of State 02-11-2000 90010 039 ****61.25			
Principal Place of Business Mailing Address					02-11-2000 90010 0	39 ****61.25		
3239 HENDERSON BLVD. C/O MICHAEL E. URETTE TAMPA FL 33809		3239 HENDERSON BLVD. C/O MICHAEL E. URETTE TAMPA FL 33809-3057		1 10011101	11	(† 878) AUD)) BIB) BIB	II 3 (0) (10 0)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-3557254		plied For t Applicable	
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
-, -,	6. Name and Address of Current I	Registered Agent	Name 3	7. Name and	Address of New Registe	red Agent		
	MICHAEL E. IDERSON BLVD. . 33609		Street Ac	ddress (P.O. Box Numbe		FL Zip Code	 	
SIGNATURE	e named entity submits this statement for Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25		Registered Agent signatu	se required when reinstating) \$5.00 May Be Added to Fees	Make Che	eck Payable to		
10	OFFICERS AND DIR	RECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URETTE, MICHAEL E. 3239 HENDERSON BLVD. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	1376	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD URETTE, KAREN G. 3239 HENDERSON BLVD. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URETTE, TARA R. 3239 HENDERSON BLVD. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	□ *#***. 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change		
12. I hereby indicated of the conchanged	certify that the information supplied with ton this report or supplemental report is reportation or the repetiter or trustee empoyer on an attaching it with an address.	this filling does not qualify for true and accurate and that moved to execute this report a year all other like empowered.	the exemption state by signature shall have say the signature of the signa	ed in Section 119.07(3)(ave the same legal effective floor)	i), Florida Statutes. I furthe t as if made under oath; It s; and that my name appe	ir certify that the in lat I am an officer ars in Block 10 or	nformation or director Block 11 if	