


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90020 020 ****61.25

DOCUMENT # N16236

1. Entity Name
THE PARKSTONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3239 HENDERSON BLVD. C/O MICHAEL E. URETTE TAMPA, FL 33609	Mailing Address 3239 HENDERSON BLVD. C/O MICHAEL E. URETTE TAMPA, FL 33609
--	--

54037881



DO NOT WRITE IN THIS SPACE

03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3557254	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**URETTE, MICHAEL E.
 3239 HENDERSON BLVD.
 TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URETTE, MICHAEL E. 3239 HENDERSON BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD URETTE, KAREN G. 3239 HENDERSON BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Hood, Tara Urette</u> URETTE, TARA R. 3239 HENDERSON BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

ORIG!

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael E Urette *4/16/04* *813.876.7838*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #