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May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24323 (0)

1. Corporation Name

PARKSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

620 N.E. 9TH AVENUE
~~721 SE 17 ST~~
FT. LAUDERDALE FL 33304
US~~1850 SE 17TH ST~~
~~SUITE 310~~
~~FT CLOUD FL 33316-1735~~
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 150 N. FEDERAL HWY

22 City & State

27 STE 210

23 Zip

Country

28 FT. LAUD

24

25

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGESS, DAVID

~~1850 SE 17TH ST SUITE 310~~~~C/O BELT HALLIDAY~~~~FT CLOUD FL 33316~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

150 N. FEDERAL HWY

83 STE 210

84 City

FT. LAUD.

FL

85 Zip Code

33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDERSON, SANDRA
STREET ADDRESS 620 N.E. 9TH AVENUE #1
CITY-ST-ZIP FT. LAUDERDALE FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD
NAME ADLER, DANA
STREET ADDRESS 620 N.E. 9TH AVENUE #5
CITY-ST-ZIP FT. LAUDERDALE FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE STD
NAME BRUSHER, NANCY
STREET ADDRESS 620 N.E. 9TH AVENUE #8
CITY-ST-ZIP FT LAUDERDALE FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (954) 763-9306

CR2E037 (9/96)