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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N30596 DOCUMENT #

(3)

PARKSIDE VILLAS II CONDOMINIUM ASSOCIATION, INC.

City & State City & State City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country Zip Country S. This corporation has liability for intancible tax under s. 199 032							
### PLANDERDALE FL 33304 FT. LAUDERDALE FL 33304 ### COLORD Floats 2. Principal Place of Business 2e	Principal Place of Business Mailing Address						// D/6/10 8/0// D/0// D/8// D/0// 8/0// B/0//
2. Principal Place of Business	ET AMBERGALE EL CARA			304			
Suite, Apt. #, etc.							
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29 Solution Solutio	23		28	,		1	
EDEWAARD, C. CRAIG 113 SW 11TH COURT FT. LAUDERDALE FL 33316 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 office familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, byed or pressure of traysered April agent and the 4 explicable. NOTE: Registered April agenture required when rendating. DIFE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD DELETE 11 ITILE PRANCIS, RICHARD 12 NAME 13 SIRRET ADDRESS 633 NE 9TH AVE #9 13 SIRRET ADDRESS FT. LAUDERDALE FL 14 DITY-ST-ZIP FT. LAUDERDALE FL 22 NAME 23 SIRRET ADDRESS 633 NE 9TH AVE #6 23 SIRRET ADDRESS 653 NE 9TH AVE #6 23 SIRRET ADDRESS 654 NEW #1 AVE #6 25 SIRRET ADDRESS 655 NEW #1 AVE #6 656 NEW #1 AVE #6 657 NEW #1 AVE #6 658 NE 9TH AVE #6 658 NE 9T	─ `	25	29			Florida Statutes	Yes No
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6.4 CITY - ST- ZIP 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)(b). Florida Statutes, I further		v certify that the information	a supplied with this filing is valuntable for	6.4 CITY-ST	- ZIP		

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 10 if changed, or on an attachment with an address.

GNATURE:

| GNATURE: | GNATURE | GRANTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | GRANTED NAME OF SIGN SIGNATURE: