

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N30596

Entity Name: PARKSIDE VILLAS II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

633 N. E. 9TH AVE.  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

633 N. E. 9TH AVE.  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 65-0136511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDEWAARD, C. CRAIG  
113 SW 11TH COURT  
FT. LAUDERDALE, FL 33316      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: CROSS, PHILIP  
Address: 633 NE 9TH AVENUE, #1  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SD      ( ) Delete  
Name: SUSSKIND, RALIEGH  
Address: 633 NE 9 AVE #9  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: PVD      ( ) Delete  
Name: BERMAN, DAN  
Address: 633 NE 9 AVE #6  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP J CROSS

TD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date