

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90048 036 ****61.25

REC-1065

DOCUMENT # N30596

1. Entity Name

PARKSIDE VILLAS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0136511**

Applied For
Not Applicable

Zip

Country

Zip

Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **TD HENSLEY, CYNTHIA**
STREET ADDRESS **633 NE 9TH AVE #8**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PDVD LEONARD, ROBERT**
STREET ADDRESS **633 NE 9 AVENUE # 4**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD KARAGAS, KATHLEEN**
STREET ADDRESS **633 NE 9 AVENUE # 6**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE Change Addition
NAME **SD SUSSKIND, RALIEGH**
STREET ADDRESS **633 NE 9 AVE #9**
CITY-ST-ZIP **FT LAUD, FL 33304**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cynthia Hensley

3-10-03 (954) 249-7947

CR2E037 (10/02)