

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40875

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE HOMEOWNERS' ASSOCIATION OF PARKSIDE, INC.

Current Principal Place of Business:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3056297 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CITADEL PROP MGMT GROUP INC
40347 US 19 N.
SUITE 229
TARPON SPRINGS, FL 34689 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: PD () Delete
Name: REILEY, PETER
Address: 3564 SYLVAN EDGE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP () Delete
Name: STERN, RICHARD
Address: 4241 WATERSCAPE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: MARGOT, JONGERLING
Address: 3544 SYLVAN EDGE DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: GRAHAM, WILLIAM
Address: 4203 WATERSCAPE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: WRIGHT, RON
Address: 4243 WATER SCAPE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: KING, DOROTHY
Address: 3543 SYLVAN EDGE DR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: GALPER, MORTON
Address: 4231 WATERSCAPE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: TD (X) Change () Addition
Name: JONGERLING, MARGOT
Address: 3544 SYLVAN EDGE DR.
City-St-Zip: PALM HARBOR, FL 34685

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: JIM RANALLO

AGNT

04/13/2009

Electronic Signature of Signing Officer or Director

Date