

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40875

FILED  
Mar 23, 2010  
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  
Name: REILEY, PETER  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD  
Name: GALPER, MORTON  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD  
Name: KING, DOROTHY  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD  
Name: SHEA, SANDY  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: JIM RANALLO

AGT

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date