FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43076** (1)

1. Corporation Name

PARKSIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4915 TRADITION DRIVE LAKELAND FL 33831 US	4915 TRADITION DRIVE LAKELAND FL 33813 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3023483 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 4929 TRADITION DR.	26 4929 TRADITION DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 LAKELAND, FL	28 LAKELAND, FL
24 Zip 33813 / 25 Country US	29 Zip 33813 / 30 Country

9. Name and Address of Current Registered Agent

NORGARD, ANDREA M.
4968 TRADITION DRIVE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☑ Change ☐ Addition
NAME	NORGARD, ANDREA	12 NAME	WILLIAM A. MERRITT	
STREET ADDRESS	4968 TRADITION DR	13 STREET ADDRESS	4909 TRADITION DR	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VP	21 TITLE	V.P/D	☑ Change ☐ Addition
NAME	MERRITT, YVONNE	22 NAME	ROBIN ADAMS	
STREET ADDRESS	4909 TRADITION DR	23 STREET ADDRESS	4914 TRADITION DR.	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	S	31 TITLE	S/D	☑ Change ☐ Addition
NAME	RIGANATI, JULIE	32 NAME	KATHY BROWN	
STREET ADDRESS	4915 TRADITION DR	33 STREET ADDRESS	4929 TRADITION DR.	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	41 TITLE	T/D	☑ Change ☐ Addition
NAME	NEALY, DEBORAH	42 NAME	MARTY BARGUZAS	
STREET ADDRESS	1131 WATERVIEW BLVD., E	43 STREET ADDRESS	4980 TRADITION DR	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 13 if changed, or on an attachment with an address.

SIGNATURE: William A. Merritt — 4-26-95 — 813-499-2771
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM A. MERRITT

0016032