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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N43076 (1)

1. Corporation Name

PARKSIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4935 TRADITION DR LAKELAND FL 33813 US	4935 TRADITION DR LAKELAND FL 33813-3157 US

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business
21 4909 Tradition Dr.
22 Suite, Apt. #, etc
23 City & State: Lakeland, FL
24 Zip: 33813 25 Country: USA

2a. Mailing Address
26 4909 Tradition Dr.
27 Suite, Apt. #, etc.
28 City & State: Lakeland, FL
29 Zip: 33813 30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Yvonne B. Merritt
82 Street Address (P.O. Box Number is Not Acceptable): 4909 Tradition Dr.
83
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: Yvonne B. Merritt, YVONNE B. Merritt 3/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ADAMS, ROBIN D		1.2 NAME	Merritt, Yvonne B.	
STREET ADDRESS	4914 TRADITION DR		1.3 STREET ADDRESS	4909 Tradition Dr.	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VPD	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	PETER, D K		2.2 NAME	Cook, Clayton	
STREET ADDRESS	4938 TRADITION DR		2.3 STREET ADDRESS	4953 Tradition Dr.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HOWELL, DEANNA L		3.2 NAME	Peter, Kim	
STREET ADDRESS	4941 TRADITION DR		3.3 STREET ADDRESS	4938 Tradition Dr.	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	WEBSTER, CONSTANCE R		4.2 NAME	Bryant, Linda	
STREET ADDRESS	4935 TRADITION DR		4.3 STREET ADDRESS	4947 Tradition Dr.	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Yvonne B. Merritt 3/10/97 941-647-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Yvonne B. Merritt, 1997 Pres.
0053191