2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43076

FILED Feb 22, 2004 Secretary of State

Entity Name: PARKSIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 736

HIGHLAND CITY, FL 33846 US

Current Mailing Address: New Mailing Address:

P.O. BOX 736

HIGHLAND CITY, FL 33846 US

FEI Number: 59-3023483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LINKWILER, MIKE

4909 TRADITION DR 4909 TRADITION DR

LAKELAND, FL 33813 US LAKELAND, FL 33813 US

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.

PRATT, DARIN

SIGNATURE: DARIN PRATT 02/22/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP/D () Delete Title: VP/D (X) Change () Addition

 Name:
 BRYANT, STEVE
 Name:
 BRYANT, STEVE

 Address:
 4947 TRADITIONS DR
 Address:
 4947 TRADITION DR

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33813

Title: S/D () Delete Title: () Change () Addition

 Name:
 BRYANT, LINDA
 Name:

 Address:
 4947 TRADITION DR
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: T/D () Delete Title: () Change () Addition

 Name:
 HOOK, MICHAEL
 Name:

 Address:
 4974 TRADITION DR
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 PRATT, DARIN
 Name:

 Address:
 4909 TRADITION DR
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL HOOK T/D 02/22/2004