2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43076

FILED Apr 24, 2009 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 4941 TRADITION DRIVE HIGHLAND CITY, FL 33846 C/O DAVID R. DRAIN LIS

LAKELAND, FL 33812 US

Current Mailing Address: New Mailing Address:

P.O. BOX 736

Name:

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:

STEVE, BRYANT DRAIN, DAVID R 4947TRADITION DR. 4941 TRADITION DR.

LAKELAND, FL 33813 LAKELAND, FL 33812 US 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.

SIGNATURE: DAVID R. DRAIN 04/24/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VP/D () Delete (X) Change () Addition

CHANCEY, BUDDY WALLER, DAVID Name: Name: 4965TRADITION DR Address: 4909 TRADITION DR Address: LAKELAND, FL 33813 City-St-Zip: City-St-Zip: LAKELAND, FL 33812

Title: S/D () Delete Title: VP/D (X) Change () Addition Name:

CASTLE, KATHLEEN Name: FLYNN, MARTHA Address: 4923TRADITION DR Address: 4980 TRADITION DR City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33812

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

HOOK, MICHAEL DRAIN, DAVID Name: Name: Address: 4974 TRADITION DR Address: 4941 TRADITION DR City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

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

STEVE, BRYANT Name: Address: 4947 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 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: DAVID R. DRAIN SEC 04/24/2009