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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004146 (6)

1. Corporation Name

PARKSIDE AT MARTIN DOWNS HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418-39653. Date Incorporated or Qualified
08/23/19943a. Date of Last Report
05/01/19964. FEI Number
65-0528251Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HATHAWAY, CHARLES H
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE YP ☐ DELETE
NAME HATHAWAY, CHARLES H
STREET ADDRESS 4500 PGA BLVD., SUITE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418TITLE DV ☐ DELETE
NAME KAIRALLA, ROBERT S
STREET ADDRESS 4500 PGA BLVD., SUITE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418TITLE DST ☐ DELETE
NAME SHANNON, WILLIAM E
STREET ADDRESS 4500 PGA BLVD., SUITE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Hathaway, Charles H.
1.3 STREET ADDRESS 4500 PGA Boulevard, Suite 400
1.4 CITY-ST-ZIP Palm Beach Gardens, Florida 334182.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: William E Shannon Sec WILLIAM E SHANNON, SEC. 1/13/97 407-561-627-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041491

CR2E037 (9/96)