


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000004146 (6)**

1. Corporation Name

**PARKSIDE AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

4500 PGA BLVD.  
SUITE 400  
PALM BEACH GARDENS FL 33418

4500 PGA BLVD.  
SUITE 400  
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

**08/23/1994**

4. FEI Number

**65-0528251**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**900 E INDIANTOWN RD**

**PO BOX 3156**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**210**

**27**

City & State

City & State

**JUPITER, FL**

**TEQUESTA, FL**

Zip

Zip

**33477**

**33469**

Country

Country

**PALM BCH**

**PALM BCH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**CAMPBELL, THERESA**

82 Street Address (P.O. Box Number is Not Acceptable)

**900 E INDIANTOWN RD #210**

83

84 City

**JUPITER**

**FL**

85 Zip Code

**33477**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1/26/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HATHAWAY, CHARLES H	
STREET ADDRESS	4500 PGA BLVD., SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REISER, CAROL	
1.3 STREET ADDRESS	2501 SW PARKSIDE DR	
1.4 CITY-ST-ZIP	PALM CITY, FL 34990	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KAIRALLA, ROBERT S	
STREET ADDRESS	4500 PGA BLVD., SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

2.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEYERLEIN, FRED	
2.3 STREET ADDRESS	2521 SW PARKSIDE DR	
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SHANNON, WILLIAM E	
STREET ADDRESS	4500 PGA BLVD., SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DESLAURIERS, DONALD	
3.3 STREET ADDRESS	2469 SW NETTLES CT	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICE, MALCOLM	
4.3 STREET ADDRESS	1611 SW PINELAND WAY	
4.4 CITY-ST-ZIP	PALM CITY, FL 34990	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLER, KEN	
5.3 STREET ADDRESS	1555 NE OCEAN BLVD #401	
5.4 CITY-ST-ZIP	STUART, FL 34996	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

*[Signature]* **Donald R. Deslauriers, TREAS.** **2/2/98**

**561-334-7930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)