


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90112 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004146					
1. Corporation Name PARKSIDE AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 900 E INDIANTOWN RD 210 JUPITER FL 33477 US			Mailing Address P.O. BOX 3156 TEQUESTA FL 33469 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0528251	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL, THERESA 900 E INDIANTOWN RD #210 JUPITER FL 33417				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REISER, CAROL		1.2 NAME		
STREET ADDRESS	2501 SW PARKSIDE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEYERLEIN, FRED		2.2 NAME		
STREET ADDRESS	2521 SW PARKSIDE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESLAURIERS, DONALD		3.2 NAME		
STREET ADDRESS	2469 SW NETTLES CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, MALCOLM		4.2 NAME		
STREET ADDRESS	1611 SW PINELAND WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, KEN		5.2 NAME		
STREET ADDRESS	1555 NE OCEAN BLVD #401		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

Donald R. Des Lauriers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/99

561-334-7930