

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90365 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N94000004146**

1. Entity Name

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

Principal Place of Business

Mailing Address

900 E INDIANTOWN RD  
 210  
 JUPITER FL 33477  
 US

P.O. BOX 3156  
 TEQUESTA FL 33469  
 US

2. Principal Place of Business

8895 N. Military Trail

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.

Suite E-201

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Beach Gardens, Fl

City & State

Palm Beach Gardens, Fl

4. FEI Number

65-0528251

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, THERESA

900 E INDAINTOWN RD #210

JUPITER FL 33417

7. Name and Address of New Registered Agent

Name Donna McDonald

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

8895 N. Military Trail, Suite E-201

City

Palm Beach Gardens,

FL

Zip Code

33410

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
 NAME REISER, CAROL  
 STREET ADDRESS 2501 SW PARKSIDE DR  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE VP ☐ Delete  
 NAME RICE, MALCOM  
 STREET ADDRESS 1611 SW PINELAND WAY  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE T ☐ Delete  
 NAME DESLAURIERS, DONALD  
 STREET ADDRESS 2469 SW NETTLES CT  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete  
 NAME LOLIS, PETER  
 STREET ADDRESS 2521 SW PARKSIDE DR  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE S ☒ Delete  
 NAME JOHNSON, GINNY  
 STREET ADDRESS 1624 SW PINELAND WAY  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/S/D ☒ Change ☐ Addition  
 NAME Reiser, Carol  
 STREET ADDRESS 2501 SW Parkside Dr  
 CITY-ST-ZIP Palm City, FL 34990

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME Jack Kelly  
 STREET ADDRESS 2483 SW Parkside Dr  
 CITY-ST-ZIP Palm City, FL 34990

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Donna McDonald* *Treasurer* *4/9/02* *561-785-9330*

CR2E037 (9/01)