


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90024 030 ****61.25

DOCUMENT # N94000004146	
1. Entity Name PARKSIDE AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS, FL 33410 US	Mailing Address 8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS, FL 33410 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02112004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0528251	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
MCDONALD, DONNA 8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS, FL 33410	

8. The above named entity submits this statement for the purpose of the obligations of registered agent.	nd accept
--	-----------

7. Name and Address of New Registered Agent	
PARKSIDE AT MARTIN DOWNS HOA CAPITAL 600 SANDTREE DR STE 109 PALM BEACH GARDENS FL 33403-1538	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REISER, CAROL 2501 SW PARKSIDE DR PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEVERLEIN (BREWING) BRYERSTEIN, FRED 2621 SW RABALDE DR. PARKSIDE DR. PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESLAURIERS, DONALD 2469 SW NETTLES CT PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, PETER 2521 SW PARKSIDE DR PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELFAST, FRED (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JACK 2483 SW PARKSIDE DR. PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIDLEY, BETTY (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CAROL REISER	Date: 4/4/04 Daytime Phone #: 772-344-2550

CAROL REISER, PRES.