


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90050 008 \*\*\*\*61.25

<b>DOCUMENT # N94000004146</b> 1. Entity Name <b>PARKSIDE AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>600 Sandtree Drive Ste. 109</b>			
City & State		City & State <b>Palm Beach Gardens</b>			
Zip <b>33403</b>	Country <b>US</b>	4. FEI Number <b>65-0528251</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01282005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>PARKSIDE AT MARTIN DOWNS HOA% CAPITAL 600 SANDTREE DR STE 109 WEST PALM BEACH, FL 33403-1530</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REISER, CAROL <input checked="" type="checkbox"/> Delete 2501 SW PARKSIDE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Stagnitta 2442 SW Parkside Dr. Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete BEYERLEIN, FRED 2621 SW PARKSIDE DR. PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Norma Scioscia 2479 SW Nettles Court Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete DESLAURIERS, DONALD 2469 SW NETTLES CT PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patrick Heaney 2433 SW Parkside Drive Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ELFAST, FRED 2511 SW PARKSIDE DR. PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betty Gidley 1627 SW meadowview way Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GIDLEY, BERRY 1627 SW MEADOWVIEW WAY PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fred Elfast 2511 SW Parkside Drive Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shirley Obeng 2462 SW Parkside Drive 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.					
<b>SIGNATURE:</b> <i>Joseph Stagnitta</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-29-05 <small>Date</small>		561 624-5889 <small>Daytime Phone #</small>