2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90106 019 ****61.25

60021508

02102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000004146

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

Principal Place of Business	Mailing Address
8895 N. MILITARY TRAIL STE E-201 PALM BEACH GARDENS, FL 33410 US	600 SANDTREE DRIVE STE. 109 WEST PALM BEACH; FL 33403 US

2. Principal Place of Business	3. Mailing Address
c/o 4285 SW. MARTIN HWY	P.O. BOX 2303
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FL	City & State: PALM CITY, FL
Zip: 34990 Country: USA	Zip: 34991 Country: USA

4. FEI Number: 65-0528251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKSIDE AT MARTIN DOWNS HOA% CAPITAL 600 SANDTREE DR STE 109 WEST PALM BEACH, FL 33403-1530	Name: PARKSIDE AT MARTIN DOWNS HOA Street Address (P.O. Box Number is Not Acceptable): c/o APEX ACCOUNTING & CONSULTANTS, INC. 4285 S.W. MARTIN HIGHWAY City: PALM CITY FL Zip Code: 34990

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: MICHAEL C. MOLAN, PRESIDENT 2/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD STAGNITTA, JOSEPH 2442 S.W. PARKSIDE DR. PALM CITY, FL 34990	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCIOSCIA, NORMA 2479 S.W. NETTLES COURT PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEANEY, PATRICK J 2433 S.W. PARKSIDE DRIVE PALM CITY, FL 34990	☐ Delete	TD HEANEY, PATRICK J 2438 S.W. PARKSIDE DRIVE PALM CITY, FL 34990	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIDLEY, BETTY 1627 S.W. MEADOWVIEW WAY PALM CITY, FL 34990	☒ Delete	SD OBERG, SHIRLEY 2462 S.W. PARKSIDE DRIVE PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELFGST, FRED 2511 S.W. PARKSIDE DRIVE PALM CITY, FL 34990	☒ Delete	D DEE ELLIOTT 1603 S.W. PINELAND WAY PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OBERG, SHIRLEY 2462 S.W. PARKSIDE DRIVE PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Norma A. Scioscia NORMA A. SCIOSCIA 2-20-06 2199285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #