

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90012 025 ****61.25

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03042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000004146 1. Entity Name PARKSIDE AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4285 SW MARITAN HWY PALM CITY, FL 34990 US			Mailing Address P.O. BOX 2303 PALM CITY, FL 34991 US		
2. Principal Place of Business - No P.O. Box # 4285 SW MARTIN HWY.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0528251	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKSIDE AT MARTIN DOWNS HOA% CAPITAL %APEX ACCOUNTING & CONSULTANTS, INC. 4285 SW MARTIN HWY PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD SCIOSCIA, MORMA 2479 SW NETTLES CT PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCIOSCIA, NORMA 2479 S.W. NETTLES COURT PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEANEY, PATRICK J 2438 SW PARKSIDE DR PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBERA, SHIRLEY 2462 SW PARKSIDE DR PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, DEE 1603 SW PINELAND WAY PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBERG, SHIRLEY 2462 S.W. PARKSIDE DRIVE PALM CITY, FL 34990	<input type="checkbox"/> Delete			
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: <u>Norma A. Scioscia, Pres.</u> 3/5/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

NORMA A. SCIOSCIA, Pres