

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004146

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

4285 SW MARTIN HWY
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2303
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-0528251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

PARKSIDE AT MARTIN DOWNS HOA INC
%KOPLAS & COMPANY, CPA, P.A.
4285 SW MARTIN HWY
PALM CITY, FL 34990 US

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: MICHAEL R. KOPLAS, CPA

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCIOSCIA, NORMA
Address: 2479 SW NETTLES CT
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: HEANEY, PATRICK J
Address: 2438 SW PARKSIDE DR
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete
Name: ELLIOTT, DEE
Address: 1603 SW PINELAND WAY
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: OBERG, SHIRLEY
Address: 2462 S.W. PARKSIDE DRIVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCIOSCIA, NORMA
Address: 2479 SW NETTLES CT
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA A. SCIOSCIA

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date