

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004146

FILED  
Feb 18, 2011  
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 INC  
%KOPLAS & COMPANY, CPA, P.A.  
4285 SW MARTIN HWY  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DELGRECO, ELIO  
Address: 1624 SW PINELAND WAY  
City-St-Zip: PALM CITY, FL 34990

Title: TD  
Name: DEPKIN, FRED  
Address: 2423 SW PARKSIDE DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: SD  
Name: GREGG, NANCY  
Address: 1637 MEADOWVIEW WAY  
City-St-Zip: PALM CITY, FL 34990

Title: VPD  
Name: SILVER, JOYCE  
Address: 1622 PINELAND WAY  
City-St-Zip: PALM CITY, FL 34990

Title: BM  
Name: OBERG, SHIRLEY  
Address: 2462 SW PARKSIDE DRIVE  
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

**SIGNATURE:** FRED DEPKIN

TD

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date