

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001209

FILED
Mar 28, 2010
Secretary of State

Entity Name: PARKSIDE AT SPRING VALLEY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ELITE MANAGEMENT ASSOCIATES INC
10081 PINES BLVD. SUITE # E-1
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

C/O ELITE MANAGEMENT ASSOCIATES INC.
10081 PINES BLVD. SUITE # E-1
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-0479517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAC IVER, STUART J ATTY
1177 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BOSACK, KAREY L ATTY
1177 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316 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: KAREY L. BOSACK

03/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BORDEN, JAMES A
Address: 10081 PINES BLVD SUITE #E-1
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T
Name: MARCHIONE, CARMEN
Address: 10081 PINES BLVD SUITE #E-1
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP
Name: BURKE, ROSEMARIE
Address: 10081 PINES BLVD SUITE #E-1
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S
Name: REYNOLDS, BETTE
Address: 10081 PINES BLVD SUITE #E-1
City-St-Zip: PEMBROKE PINES, FL 33024

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: JAMES A. BORDEN

PRES

03/28/2010

Electronic Signature of Signing Officer or Director

Date