

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90040 036 ****61.25

DOCUMENT # N98000004082					
1. Entity Name PARKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6925 NW 42ND ST. MIAMI, FL 33166-6820 US			Mailing Address 6925 NW 42ND ST. MIAMI, FL 33166-6820 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1000716	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEIN, STEVEN A 900 S STATE RD 7 PLANTATION, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME GREEN, RICHARD	<input type="checkbox"/> Delete		TITLE D	NAME HEINART ROBERTO
STREET ADDRESS 8420 SW 57 PATH	MIAMI, FL 33143		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP MIAMI, FL 33143	STREET ADDRESS 5700 SW 85 Street MIAMI, FL 33143				
TITLE VD	NAME KATES, BARRY	<input checked="" type="checkbox"/> Delete		TITLE D	NAME LURIE BRANDON
STREET ADDRESS 8411 SW 57 PATH	MIAMI, FL 33143		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP MIAMI, FL 33143	STREET ADDRESS 5711 SW 86 Street MIAMI, FL 33143				
TITLE TD	NAME TIMMONS, JAMES	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 8410 SW 57 PATH	STREET ADDRESS				
CITY-ST-ZIP MIAMI, FL 33143	CITY-ST-ZIP				
TITLE SD	NAME RUIZ, MARINA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 5701 SW 86 STREET	STREET ADDRESS				
CITY-ST-ZIP MIAMI, FL 33143	CITY-ST-ZIP				
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS				
CITY-ST-ZIP 	CITY-ST-ZIP				
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS				
CITY-ST-ZIP 	CITY-ST-ZIP				
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: C. RICHARD GREEN 2/10/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

40020939



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1000716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEIN, STEVEN A
900 S STATE RD 7
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, RICHARD	
STREET ADDRESS	8420 SW 57 PATH	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KATES, BARRY	
STREET ADDRESS	8411 SW 57 PATH	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TIMMONS, JAMES	
STREET ADDRESS	8410 SW 57 PATH	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUIZ, MARINA	
STREET ADDRESS	5701 SW 86 STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINART ROBERTO	
STREET ADDRESS	5700 SW 85 Street	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LURIE BRANDON	
STREET ADDRESS	5711 SW 86 Street	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

C. RICHARD GREEN

2/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #