

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005576

FILED
Mar 03, 2009
Secretary of State

Entity Name: PARKSIDE AT ROYAL PALM HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10034 W MCNAB RD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

PO BOX 9490
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-0903690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHNER, BAKALAR P.A.
1501 S. PINE ISLAND ROAD, SUITE 5407
FORT LAUDERDALE, FL 33324 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 () Delete
Name: DELTORO, ROBERT
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: DELTORO, JOHN
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: KAPATELIS, THOMAS
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SARDONE, MIKE
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: OTELLO, FRANK
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN DELTORO

VP

03/03/2009

Electronic Signature of Signing Officer or Director

Date