### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 767823** 

Entity Name: PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 22, 2015
Secretary of State
CC5619283878

# **Current Principal Place of Business:**

7300 PARK STREET SEMINOLE, FL 33777

# **Current Mailing Address:**

7300 PARK STREET SEMINOLE, FL 33777 US

FEI Number: 59-2377593 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

MALLER, KAREN 7132 PARKSIDE VILLAS DRIVE N SAINT PETERSBURG, FL 33709 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: KAREN MALLER 04/22/2015

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title P Title VI

NameFACKIH, SHADINameGLAVAS, ATHANASIOSAddress7300 PARK STREETAddress7300 PARK STREETCity-State-Zip:SEMINOLE FL 33777City-State-Zip:SEMINOLE FL 33777

Title S Title DIRECTOR

NameCHOUINARD, MARLUCIANameTHOMAS, KATHRYNAddress7300 PARK STREETAddress7300 PARK STREETCity-State-Zip:SEMINOLE FL 33777City-State-Zip:SEMINOLE FL 33777

Title D Title 1

NameKARRAKER, EDITHNameWILNER, GERALDINEAddress7300 PARK STREETAddress7300 PARK STREETCity-State-Zip:SEMINOLE FL 33777City-State-Zip:SEMINOLE FL 33777

Title DIRECTOR

Name CROWDER, KATHERINA
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

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: SHADI FACKIH PRESIDENT 04/22/2015