

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767823

Entity Name: PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 19, 2024
Secretary of State
5491174863CC

Current Principal Place of Business:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762

Current Mailing Address:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 US

FEI Number: 59-2377593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALLER, KAREN
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP
490 1ST AVE. SUITE 700
SAINT PETERSBURG, FL 33701 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

03/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KARRAKER, JIM
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name DAVIS, SHARON
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name POOLE, AMY
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title VP
Name ARMSTRONG, THOMAS
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name JABER, SAMER
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name CLARK, TRACY
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title PRESIDENT
Name PUGH, ROBYN
Address CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

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: PUGH , ROBYN

PRESIDENT

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date