

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767823

Entity Name: PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5540 PARK BLVD, SUITE 5
PINELLAS PARK, FL 33781

Current Mailing Address:

5540 PARK BLVD, SUITE 5
PINELLAS PARK, FL 33781 US

FEI Number: 59-2377593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, COREY
5540 PARK BLVD, SUITE 5
PINELLAS PARK, FL 33781 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: COREY PALMER

03/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FACKIH, SHADI
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

Title S
Name CHOUINARD, MARLUCIA
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name THOMAS, KATHRYN
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name KARRAKER, EDITH
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

Title T
Name WILNER, GERALDINE
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name SHOTTS, ANGELA
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name DAVIS, SHARON
Address 5540 PARK BLVD, SUITE 5
City-State-Zip: PINELLAS PARK FL 33781

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

P

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date