

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770103

**FILED**  
**Feb 24, 2020**  
**Secretary of State**  
**4369751719CC**

**Entity Name:** PARKSIDE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2541 N RESTON TERR  
HERNANDO, FL 34442

**Current Mailing Address:**

2541 N RESTON TERRACE  
HERNANDO, FL 34442 US

**FEI Number: 59-2489770**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VILLAGES SERVICES COOPERATIVE INC.  
2541 N RESTON TERR  
HERNANDO, FL 34442 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           MCCULLEY, MIKE  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           PRESIDENT  
Name           ZECKER, LARRY  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           VP  
Name           SCALABRINI, RAY  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           TREASURER  
Name           TOWNS, VALERIA  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           SECRETARY  
Name           SAMMONS, LUCINDA  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

*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: LUCINDA SAMMONS**

**SECRETARY**

**02/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date