

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770103

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC0914581303**

**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            SECRETARY  
Name            JENSON, CAROL  
Address        2541 N RESTON TERR  
City-State-Zip:    HERNANDO FL 34442

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

Title            VP  
Name            ZIMMERMAN, LINDA  
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            DIRECTOR  
Name            COMER, PEGGY  
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: VALERIA TOWNS**

**TREASURER**

**04/19/2016**

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

\_\_\_\_\_  
Date