

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003607

**Entity Name:** PARKSIDE VILLAGE OF SEBRING HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**6945746437CC**

**Current Principal Place of Business:**

4111 HAMMOCK RD  
SEBRING, FL 33872

**Current Mailing Address:**

4111 HAMMOCK RD  
SEBRING, FL 33872 US

**FEI Number: 26-2049329**

**Certificate of Status Desired: No**

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

CENTRAL FLORIDA PROPERTY MANAGEMENT LLC  
1843 US HWY 27 N  
SEBRING, FL 33870 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: RONNIE CARTER**

**02/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILLIAMS, CONSUELO  
Address 4115 HAMMOCK ROAD  
City-State-Zip: SEBRING FL 33872

Title TREASURER  
Name DAVIS, KAREN  
Address 4107 HAMMOCK RD  
City-State-Zip: SEBRING FL 33875

Title PRESIDENT  
Name MARTHAS, JODIE K  
Address 4111 HAMMOCK RD  
City-State-Zip: SEBRING FL 33872

*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: JODIE MARTHAS**

**PRESIDENT**

**02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date