

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

DOCUMENT# N30596

**Entity Name:** PARKSIDE VILLAS II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

633 N. E. 9TH AVE.  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

633 N. E. 9TH AVE.  
FT. LAUDERDALE, FL 33304

**FEI Number:** 65-0136511

**Certificate of Status Desired:** No

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

PHILIP J CROSS  
633 NE 9TH AVE  
APT 1  
FT. LAUDERDALE, FL 33304 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            CROSS, PHILIP  
Address        633 NE 9TH AVENUE, #1  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            VP  
Name            BERMAN, DAN  
Address        633 NE 9 AVE #6  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            PRESIDENT  
Name            LEONARD, ROBERT  
Address        633 NE 9TH AVE  
                  APT 4  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            TREASURER  
Name            COFFEY, JOHN  
Address        633 N. E. 9TH AVE.  
                  #3  
City-State-Zip: FT. LAUDERDALE FL 33304

*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:** JOHN D. COFFEY

**TREASURER**

**03/09/2016**

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

\_\_\_\_\_  
Date