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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

765386

(8)

GOLFSIDE OF LEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						I THEITI IEDIE OTIEL DIIDD FFIOT (DEID I	ili ginii skait ntai	I BIBII EI	# (# (#) # (#) # (#)	
17037 GOLFS FORT MYERS US		17037 GOLFSIDE CIRCLE FT. MYERS FL 33908-5033 US								
100		03				3. Date Incorporated or Qualified 10/13/1982	3a. Date of 03/0	Last Re)6/19 9	port 36	
2. Principal I	Place of Business	2a. Mailing Address 26	<u>├</u> ¬			4. FEI Number 59-2427360	Applied For Not Applicable			
Sulte, Apt		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee Hequired			
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	7ip	Country 30			8. This corporation has liability for in	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
	9. Name and Address of Current Registered Agent			Τ		10. Name and Address of New Registered Agent				
BECKER & POLIAKOFF, P.A.				82	Street Address (P.O. Box Number is Not Acceptable)					
% JOSEPH E. ADAMS, ESQUIRE 13515 BELL TOWER DR. #101				83						
	RS FL 33907				City		- 85	Zip C	ode.	
				84	,		FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typod or printed name of registered agent and tille if applicable (NOT): Registered Agent is gnature required when reinstalling) DATE										
					nt signature	Required when reinstalling) ADDITIONS/CHANGES TO OFFICE	DATE DO AND DIDE	(YIZ)D(2 IN 12	
12. TITLE	SD OFFICERS AN	DELETE	13.			Secretary/Director	RS AND DINE		Addition	
NAME	SHERMAN, JOYCE	by been	1.2 N			STROHMEYER, MARIE	<u> </u>	wigo	[] Montion	
STREET ADDRESS	6063 FOREST VILLAS DRIVE				ADDRESS	17017 GOLFSIDE CIR., #40	12			
CITY-ST-ZIP	FORT MYERS FL	•		ITY - S		FORT MYERS, FL 33908	, <u>, , , , , , , , , , , , , , , , , , </u>			
TITLE	VPD	▼ DELETE	2.1 10			Vice President/Director	X C	nange	Addition	
NAME	HAYES, DONALD I DR		2.2 N	AME.		PARADISO, LISA				
STREET ADDRESS	408 TUDOR DR., #1D		2.3 \$	€1	ADDRESS	64 FLORENCE STREET				
CITY-ST-ZIP	CAPE CORAL FL 33909		2.44	<u>. s</u>	31 - Z(C	NUTLEY, NJ 07110				
TITLE	D	▼ DELETE	31		•	Director	K C	iange	☐ Addition	
NAME	DOWNS, THEOORE E		32			SPECHT, DONALD				
STREET ADDRESS	17025 GOLFSIDE CIRCLE #3	306	33		ADDRESS	649 N. LEWIS ROAD				
CITY-ST-ZIP	FT. MYERS FL		34		T-21P	POTTSTOWN, PA 19468				
TITLE	D	X DELETE				Treasurer/Director	K C	iange	Addition	
NAME	MANSFIELD, JAMES		4			JACOB, MARJORIE L.				
STREET ADDRESS	P O BOX 106 N/A		4.3			17017 GOLFSIDE CIR., #40	16			
CITY-ST-ZIP	MORRIS IL	X DELETE	4.4 5.1		1 - 719	FORT MYERS, FL. 33908	K) ci	2000	Addition	
TITLE	PD PICHADD	NET DETECT.				President/Director	E 1 (1	iatiÿ¢	☐ Youtloo	
NAME PERCET ADDRESS	KLEIN, RICHARD YOUNG QUIST RD		5.2 5.33		ADDRESS	SPENGLER, RICHARD 281 RIDINGS CIR.			ı	
STREET ADDRESS	FTMYERS FL		1 1			MAGUNGIE, PA 18062				
CITY-ST-ZIP TITLE	LIMIEUO LE	DELETE	5.4 O 6.1 Ti	_	T-ZIP	PINGONGIL, IN 1000Z	□ Cr	nanne	Addition	
NAME		(DECENT	6.2 N	Ŧ			L V	ra i Ho	/MURUIT	
				1	ADDRESS	•				
STREET ADDRESS									ľ	
CITY-ST-ZIP	<u> </u>		6.4 CI	1Y-5	1-202	1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	······			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

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FILED

Apr 09 1997 8:00am

Secretary of State

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