# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2000 8:00 am**
**Secretary of State**
02-01-2000 90128 005 ****61.25

DOCUMENT # 765386

1. Entity Name

GOLFSIDE OF LEE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17037 GOLFSIDE CIRCLE<br>FORT MYERS FL 33908<br>US | 17037 GOLFSIDE CIRCLE<br>FT. MYERS FL 33908-5033<br>US |

7U9240

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2427360 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BECKER & POLIAKOFF, P.A.<br>% JOSEPH E. ADAMS, ESQUIRE<br>13515 BELL TOWER DR. #101<br>FT MYERS FL 33907 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PARADISO, LISA<br>64 FLORENCE ST<br>NUTLEY NJ | ☑ Delete | VPD<br>DONALD PELLEGREN<br>17034 GOLFSIDE CIRCLE, 701<br>FORT MYERS, FL 33908 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPECHT, DONALD<br>649 N LEWIS RD<br>POTTSTOWN PA | ☐ Delete | PD<br>DONALD SPECHT<br>1800 E. HIGH ST.<br>POTTSTOWN, PA 19464 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>JACOB, MARJORIE L<br>17017 GOLFSIDE CIR SUITE 406<br>FT MYERS FL 33908 | ☐ Delete | TD<br>MARJORIE L. JACOB<br>17017 GOLFSIDE CIRCLE, 406<br>FORT MYERS, FL 33908 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SPENGLER, MARY ANN<br>281 2IDINGS CIR<br>MACUNGIE PA 18062 | ☑ Delete | SD<br>ROBERT BICKFORD<br>17033 GOLFSIDE CIRCLE, 504<br>FORT MYERS, FL 33908 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>TAMMI EISENMAN<br>17017 GOLFSIDE CIRCLE, 404<br>FORT MYERS, FL 33908 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I 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 report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marjorie L. Jacob Treasurer MARJORIE L. JACOB 1-27-00 941-482-7532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #