


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 004 ****70.00

DOCUMENT: # N02000000459
1. Entity Name
CLUBSIDE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2160 NW RESERVE PARK TRACE
PORT ST LUCIE FL 34986**

Mailing Address
**2160 NW RESERVE PARK TRACE
PORT ST LUCIE FL 34986**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1075276** Applied For
Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	<input checked="" type="checkbox"/>
NAME	CSAPO, JOHN	
STREET ADDRESS	2160 NW RESERVE PARK TRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	DVS	<input checked="" type="checkbox"/>
NAME	VAIL, ROBERT	
STREET ADDRESS	2160 NW RESERVE PARK TRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	DVT	<input checked="" type="checkbox"/>
NAME	TOMPSON, JOHN	
STREET ADDRESS	2160 NW RESERVE PARK TRACE	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*CR# 550A
mailed
separately
by mistake
May 2005*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	Chastain, Owen Pres	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	91632 Crooked Stick Ln		
STREET ADDRESS	Port St Lucie, FL 34986		
CITY-ST-ZIP			
TITLE	Mub, Joseph VP/Sec	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	8301 Riviera Way		
STREET ADDRESS	Port St Lucie, FL 34986		
CITY-ST-ZIP			
TITLE	Weronik, Richard Treas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	91640 Crooked Stick Ln		
STREET ADDRESS	Port St Lucie, FL 34986		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 whom I am empowered.

SIGNATURE: *Jim J. G... 2/01/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rm Weronik Treasurer