


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90215 042 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTAN, OWEN		NAME	Chastain, Owen	
STREET ADDRESS	9632 CROOKED SHICKON		STREET ADDRESS	9632 Crooked Stick Lane	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986		CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUB, JOSEPH		NAME	Mulé, Joseph	
STREET ADDRESS	8301 RIVERA WAY		STREET ADDRESS	8301 Rivera Way	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERONIK, RICHARD		NAME	Weronik, Richard	
STREET ADDRESS	9640 CROOKED SHICKON		STREET ADDRESS	9640 Crooked Stick Lane	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Perry, Peter	
STREET ADDRESS			STREET ADDRESS	9616 Crooked Stick Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Don, Esther	
STREET ADDRESS			STREET ADDRESS	9636 Crooked Stick Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>RM Weronik, Treasurer</u>		3/27/06		772-460-0360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
RICHARD M. WERONIK					