


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000459</b> 1. Entity Name <b>CLUBSIDE PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2160 NW RESERVE PARK TRACE PORT ST LUCIE FL 34986</b>	Mailing Address <b>2160 NW RESERVE PARK TRACE PORT ST LUCIE FL 34986</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country
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1st MOORE      CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON FL 33486</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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4. FEI Number <b>65-1075276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <b>CHASTAN, OWEN</b> <input type="checkbox"/> Delete <b>9632 CROOKED STICK LN</b> <b>PORT ST LUCIE FL 34986</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000668396</b> <b>03/27/07-80028-016 70.00</b>
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	<b>S</b> <input type="checkbox"/> Delete <b>MULE, JOSEPH</b> <b>8301 RIVERA WAY</b> <b>PORT SAINT LUCIE FL 34986</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	<b>T</b> <input type="checkbox"/> Delete <b>WERONIK, RICHARD</b> <b>9640 CROOKED STICK LN</b> <b>PORT SAINT LUCIE FL 34986</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	<b>VP</b> <input type="checkbox"/> Delete <b>PERRY, PETER</b> <b>9616 CROOKED STICK LN</b> <b>PORT SAINT LUCIE FL 34986</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>DON, ESTHER</b> <b>9636 CROOKED STICK LN</b> <b>PORT SAINT LUCIE FL 34986</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	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 Section 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: *William K Isaacson*      Date: 2/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #