

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000459

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CLUBSIDE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2160 NW RESERVE PARK TRACE  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

2140 NW RESERVE PARK TRACE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

2160 NW RESERVE PARK TRACE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

2140 NW RESERVE PARK TRACE  
PORT ST LUCIE, FL 34986

FEI Number: 65-1075276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHASTAN, OWEN  
Address: 9632 CROOKED STICK LN  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP ( ) Delete  
Name: PERRY, PETER  
Address: 9616 CROOKED STICK LN  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: DON, ESTHER  
Address: 9636 CROOKED STICK LN  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VC ( ) Delete  
Name: CHOBY, VICKIE  
Address: 9624 CROOKED STICK LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: CHASTAN, OWEN  
Address: 9632 CROOKED STICK LN  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: P (X) Change ( ) Addition  
Name: PERRY, PETER  
Address: 9616 CROOKED STICK LN  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change ( ) Addition  
Name: DON, ESTHER  
Address: 9636 CROOKED STICK LN  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Change ( ) Addition  
Name: CHOBY, VICKIE  
Address: 9624 CROOKED STICK LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Change (X) Addition  
Name: SLAYTON, RON  
Address: 9608 CROOKED STICK LN  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN CHASTAIN

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date