

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11937 (2)**

1. Corporation Name

GOLFSIDE VILLAGE CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.



Principal Place of Business

1716 FOWLER STREET
FORT MYERS FL 33901

Mailing Address

P.O. BOX 105
LEHIGH ACRES FL 33970
US

3. Date Incorporated or Qualified
11/07/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0098010

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

NELL, THOMAS R
1716 FOWLER STREET
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
A.B. Reynolds and Asso
82 Street Address (P.O. Box Number is Not Acceptable)
801 Leeland Heights Blvd
83
Lehigh Acres, FL 33936
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **A.B. Reynolds**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

A.B. Reynolds

4-26-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	CHRETIEN, LOUIS	2031 GOLFSIDE VILLAGE DR	LEHIGH ACRES FL	<input checked="" type="checkbox"/>
VPD	NEBEL, PETER	WALDSTR. 34 A	8031 GILCHING GERMANY	<input checked="" type="checkbox"/>
TD	ZACHOW, HENRY	2025 GOLFSIDE VILLAGE DR	LEHIGH ACRES FL	<input checked="" type="checkbox"/>
SD	SCOFIC, MARY	2125 GOLFSIDE VILLAGE DR	LEHIGH ACRES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Brian Cronshaw	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	1941 Golfside Village Dr.	
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anthony Pierce	
2.3 STREET ADDRESS	2111 Golfside Village Dr.	
2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
3.1 TITLE	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fred Elliott	
3.3 STREET ADDRESS	321 Broadway Ave	
3.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001859468	
6.3 STREET ADDRESS	-06/12/96--01032--030	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Cronshaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 941-369-8597

Date Daytime Phone #

CR2E037 (12/95)

5/1/96