

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11937

1. Entity Name

GOLFSIDE VILLAGE CONDOMINIUM ASSOCIATION OF LEHI

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90020 038 ****61.25

Principal Place of Business

801 LEE LAND HEIGHTS BLVD
 LEHIGH ACRES FL 33936
 US

Mailing Address

P.O. BOX 105
 LEHIGH ACRES FL 33970
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0098010

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, A.B.
 A.B. REYNOLDS AND ASSO
 801 LEE LAND HEIGHTS BLVD
 LEHIGH ACRES FL 33936

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: CRONSHAW, BRIAN Delete
 STREET ADDRESS: 1941 GOLFSIDE VILLAGE DR.
 CITY-ST-ZIP: LEHIGH ACRES FL 33972

TITLE: PD
 NAME: LOUIS CHRETIEN Change Addition
 STREET ADDRESS: 2031 GOLFSIDE VILLAGE DR
 CITY-ST-ZIP: LEHIGH ACRES, FL 33972

TITLE: VPD
 NAME: JOHNSON, NANCY Delete
 STREET ADDRESS: 2011 GOLFSIDE VILLAGE DR
 CITY-ST-ZIP: LEHIGH ACRES FL 33972

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: STD
 NAME: SCOFIC, MARY Delete
 STREET ADDRESS: 2125 GOLFSIDE VILLAGE
 CITY-ST-ZIP: LEHIGH ACRES FL 33972

TITLE: STD
 NAME: MANFRED SCHATBURG Change Addition
 STREET ADDRESS: 2033 GOLFSIDE VILLAGE DR
 CITY-ST-ZIP: LEHIGH ACRES, FL 33972

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 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 all other like empowered.

SIGNATURE: Louise Chretien CHRETIEN July 11, 2000 941-369-6276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)