


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000004397 (6)**

1. Corporation Name

**COURTSIDE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O LANG MANAGEMENT INC 5295 TOWNE CENTER ROAD #200 BOCA RATON FL 33486 US</b>		Mailing Address <b>C/O LANG MANAGEMENT C. 5295 TOWN CENTER RD #200 BOCA RATON FL 33429 US</b>	3. Date Incorporated or Qualified <b>09/29/1993</b>
			4. FEI Number <b>65-0442036</b>
			Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISAARSON, WILLIAM K.  
5295 TOWN CENTER ROAD  
SUITE 200  
BOCA RATON FL 33486**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	<b>BAYLES, ALAN</b>	1.2 NAME	<b>BAYLES, ALAN</b>
STREET ADDRESS	<b>5153 N.W. 24TH WAY</b>	1.3 STREET ADDRESS	<b>5153 N.W. 24TH WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	VD	2.1 TITLE	VD
NAME	<b>MALIS, GERALD</b>	2.2 NAME	<b>MALIS, GERALD</b>
STREET ADDRESS	<b>5100 N.W. 24TH WAY</b>	2.3 STREET ADDRESS	<b>5100 N.W. 24TH WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	STD	3.1 TITLE	STD
NAME	<b>ROSENTHAL, LORI</b>	3.2 NAME	<b>ROSENTHAL, LORI</b>
STREET ADDRESS	<b>5141 N.W. 24TH WAY</b>	3.3 STREET ADDRESS	<b>5141 N.W. 24TH WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

*Alan Bayles, Pres* 4-16-98 521989-

CR2E037 (1097)