


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 024 ****61.25

DOCUMENT # N95000003807 1. Entity Name CLUBSIDE RESERVE AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6175 RESERVE CIR NAPLES, FL 34119 US			Mailing Address 6175 RESERVE CIR NAPLES, FL 34119 US		
2. Principal Place of Business 75 Vineyards Blvd		3. Mailing Address 75 Vineyards Blvd.			
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor			
City & State Naples, FL		City & State Naples, FL			
Zip 34119	Country USA	Zip 34119	Country USA	4. FEI Number 65-0642820	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PMP OF SW FL INC 75 VINEYARD BLVD, THIRD FL NAPLES, FL 34119			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Charmel G Brown, Property Manager</i></u> 3-30-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMAROTA, JERRY 6200 RESERVE CIRCLE #401 NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Watts, Ellen 6125 Reserve Circlem #1903 Naples, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMSTEDT, SHIRLEY 6155 RESERVE CIR # 1603 NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSEL, HOWARD 6155 RESERVE CIRCLE #1602 NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Casey, Richard 6225 Reserve Circle, #1104 Naples, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOLEY, RONALD 6200 RESERVE CIR #403 NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKNAM, DONALD 6230 RESERVE CIR., #703 NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Donald Bucknam</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(239) 353-1992 <small>Date Daytime Phone #</small>		

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