

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90204 046 ****61.25

DOCUMENT # N95000003807

1. Entity Name

CLUBSIDE RESERVE AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**100 VINEYARDS BLVD
NAPLES FL 34119
US**

Mailing Address

**100 VINEYARDS BLVD
NAPLES FL 34119
US**

2. Principal Place of Business

**75 Vineyards Blvd
Suite, Apt. #, etc.
Third Floor**

3. Mailing Address

**75 Vineyards Blvd
Suite, Apt. #, etc.
Third Floor**

City & State

Naples FL

City & State

Naples FL

Zip

34119

Country

Zip

34119

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0642820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PMP OF SW FL INC
100 VINEYARDS BLVD
NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**75 Vineyards Blvd Third Floor
City Naples FL Zip Code 34119**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Anthony Trilla

1/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CAMAROTA, JERRY**
STREET ADDRESS **6200 RESERVE CIRCLE #401**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **SD** ☐ Delete
NAME **BIRD, RODNEY**
STREET ADDRESS **6225 RESERVE CIRCLE # 1102**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☒ Delete
NAME **HENSCHER, LEONARD**
STREET ADDRESS **6230 RESERVE CIRCLE #704**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **VD** ☒ Delete
NAME **COOLEY, RONALD**
STREET ADDRESS **6195 RESERVE CIRCLE #1301**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **TD** ☐ Delete
NAME **CLOUGHERTY, BARBARA**
STREET ADDRESS **6230 RESERVE CIRCLE #701**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **SD ROSALIE KILLION**
STREET ADDRESS **6240 RESERVE CIRCLE #804**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Change ☒ Addition
NAME **D WILLIAM VOLMER**
STREET ADDRESS **6165 RESERVE CIRCLE #1504**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Change ☒ Addition
NAME **VD DONALD BUCKNAM**
STREET ADDRESS **6230 RESERVE CIRCLE #703**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Change ☐ Addition
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:

Signature Required

2-18-03

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)