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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000001061 (8)
1. Corporation Name
GOLFSIDE UNIT TWO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 818 W MABBETTE ST, KISSIMMEE FL 34741
Mailing Address: 818 W MABBETTE ST, KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 02/26/1996
4. FEI Number: 59-3355077
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 219 Pasadena Place, Orlando, FL 32803, USA
2a. Mailing Address: 219 Pasadena Place, Orlando, FL 32803, USA

9. Name and Address of Current Registered Agent: WHITSTON, C A, 818 W MABBETTE ST, KISSIMMEE FL 34741

10. Name and Address of New Registered Agent: Barry L. Watson, 219 Pasadena Place, Orlando, FL 32803

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: *C. Ellen Whitston* (Signature, typed or printed name of registered agent and title if applicable) DATE: 3/30/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITSTON, C A	
STREET ADDRESS	818 W MABBETTE ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, CRAIG C	
STREET ADDRESS	914 EMMETT STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, EDWARD A	
STREET ADDRESS	677 ADRIANE PARK CIR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barry L. Watson	
1.3 STREET ADDRESS	219 Pasadena Place	
1.4 CITY-ST-ZIP	Orlando FL 32803	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bonnie R. Watson	
2.3 STREET ADDRESS	219 Pasadena Place	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert J. Watson	
3.3 STREET ADDRESS	219 Pasadena Place	
3.4 CITY-ST-ZIP	Orlando, FL 32803	
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		
6.3 STREET ADDRESS		
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 138.07(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: *[Signature]* 3/30/98 (407) 422-3301

CR2E037 (10/97)