2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # N9600001061 1. Entity Name 02-03-2001 90027 023 ****70.00 GOLFSIDE UNIT TWO HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 219 PASADENA PLACE 215 PASADENA PLACE 2. Principal Place of Business 3. Mailing Address Romero, Joseph Romero, Joseph Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3443 Palmer Dr <u>3443 Palmer Dr</u> City & State City & State Applied For 4. FEI Number 59-3355077 Not Applicable <u>Kissimmee Fl</u> 34741 <u>Kissimmee Fl</u> Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>34741</u> 34741 USA 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) ROMERO, JOSEPH 3443 PALMER DR. KISSIMMEE FL 34741 Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE President Change 1 Addition Deleta TITLE WATSON, BARRY L NAME D Joseph Romero NAME STREET ADDRESS 219 PASADENA PLACE STREET ADDRESS 3443 Palmer Dr CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-7IP <u>Kissimmee Fl</u> Vice President Delete TITLE 150 Change f | Addition TITLE WATSON, BONNIE R NAME Bethzarda Rivera STREET ADDRESS 219 PASADENA PLACE STREET ADDRESS 3437 Palmer Dr CITY-ST-7IP CITY-ST-ZIE ORLANDO, FL 32803 Kissimmee Fl 34741 K Delete TITLE TITLE Secretary-Treasurer **⊠** Change ☐ Addition name = WATSON ROBERT J Jane Hort STREET ADDRESS STREET ADDRESS 219 PASADENA PLACE 3425 Palmer Dr CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Kissimmee F1 -34741 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 mystee empowered to specific this report as reported by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an express, where I was a like times with a chapter of the changed. outgoing president new officer #451-847-5705 Barry L Watson SIGNATURE: 407-422-3301