

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90172 023 ****61.25

DOCUMENT # N96000001061

1. Entity Name
GOLFSIDE UNIT TWO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business JOSEPH ROMERO 3443 PALMER DRIVE KISSIMMEE FL 34741 US	Mailing Address JOSEPH ROMERO 3443 PALMER DRIVE KISSIMMEE FL 34741 US
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973028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Jan Hart Suite, Apt. #, etc. 3425 Palmer Dr. City & State Kissimmee, FL Zip 34741 Country	3. Mailing Address Jan Hart Suite, Apt. #, etc. 3425 Palmer Dr. City & State Kissimmee, FL Zip 34741 Country
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4. FEI Number 59-3355077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROMERO, JOSEPH 3443 PALMER DR. KISSIMMEE FL 34741	7. Name and Address of New Registered Agent Name: Jan Hart Street Address (P.O. Box Number is Not Acceptable): 3425 Palmer Dr. City: Kissimmee FL Zip Code: 34741
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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: *Jan Hart* (NOTE: Registered Agent signature required when reinstating) DATE: 8-4-02

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ROMERO, JOSEPH STREET ADDRESS: 3443 PALMER DRIVE CITY-ST-ZIP: KISSIMMEE FL 34741	<input type="checkbox"/> Delete	TITLE: PD NAME: Jan Hart STREET ADDRESS: 3425 Palmer Dr. CITY-ST-ZIP: Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: RIVERA, BETHZARDA STREET ADDRESS: 3437 PALMER DRIVE CITY-ST-ZIP: KISSIMMEE FL 34741	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: HORT, JANE STREET ADDRESS: 3425 PALMER DRIVE CITY-ST-ZIP: KISSIMMEE FL 34741	<input type="checkbox"/> Delete	TITLE: STD NAME: Joseph Romero STREET ADDRESS: 3443 Palmer Dr. CITY-ST-ZIP: Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph Romero* 8-4-02

CR2E037 (4/02)