


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90014 012 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # N96000001061  |         |  |         |
| 1. Entity Name<br>GOLFSIDE UNIT TWO HOMEOWNERS ASSOCIATION, INC.                         |         |   |         |
| Principal Place of Business<br>JAN HART<br>3425 PALMER DRIVE<br>KISSIMMEE FL 34741<br>US |         | Mailing Address<br>JAN HART<br>3425 PALMER DRIVE<br>KISSIMMEE FL 34741<br>US      |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |

50011921



1st MOORE CR2E037 (10/04)

|   |  |
|---|--|
| 4. FEI Number<br>59-3355077                               | Applied For<br><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<br><br>HART, JAN<br>3425 PALMER DR.<br>KISSIMMEE FL 34741 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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: *Jan Hart* (NOTE: Registered Agent signature required when reinstating) DATE: 1-20-05

|  |  |   |
|--|--|---|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005 | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>ROMERO, JOSEPH<br>3443 PALMER DRIVE<br>KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>Hart Keith<br>3425 Palmer Dr.<br>Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>RIVERA, BETHZARDA<br>3437 PALMER DRIVE<br>KISSIMMEE FL 34741 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HART, JANE Jan <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Jan Hart* Jan Hart 1-20-05 407-932-3369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #