

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90225 007 \*\*\*\*61.25

**DOCUMENT # N99000004770**

1. Entity Name  
**CLUBSIDE AT PELICAN STRAND NEIGHBORHOOD ASSOCIAT**

Principal Place of Business      Mailing Address  
**9400 GLADIOLUS DR., STE. 250**      **9400 GLADIOLUS DR., STE. 250**  
**FT. MYERS FL 33908**      **FT. MYERS FL 33908-7600**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Property Management**  
**Professionals of SW Florida**  
**100 Vineyards Blvd.**  
**Naples, FL 34109**

Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

FEI Number      Applied For  
**65-0975109**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PEEPLES, C. PERRY**  
**8889 PELICAN BAY BLVD., STE. 300**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent  
**Property Management**  
**Professionals of SW Florida**  
**100 Vineyards Blvd.**  
**Naples, FL 34109**

Name      Street #      City      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.

SIGNATURE: *[Signature]*      DATE: *4/28/00*

Signature, typed or printed name of registered agent and title, if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REISMAN, JOHN</b> <b>9400 GLADIOLUS DR., STE. 250</b> <b>FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GULLO, VINCE</b> <b>9400 GLADIOLUS DR., STE. 250</b> <b>FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KNIZNER, DAVE</b> <b>9400 GLADIOLUS DR., STE. 250</b> <b>FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *[Signature]*      DATE: *5/1/00*      DAYTIME PHONE #: *941-489-4910*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2F037 (9/99)