

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004770

FILED
Apr 29, 2003
Secretary of State

Entity Name: CLUBSIDE AT PELICAN STRAND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0975209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, GLENN
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STONEY, JUDY
Address: 5897 THREE IRON DRIVE #1003
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: TOUHY, JIM
Address: 5881 THREE IRON DRIVE #903
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: THOMAS, JOHN
Address: 5921 THREE IRON DRIVE #2903
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: SCHMIDT, RICHARD
Address: 5912 THREE IRON DRIVE #2401
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SCHMIDT

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04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date