FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N14321** **(6)**

1. Corporation Name
GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1648 GOLFSIDE VILLAGE BLVD APOPKA FL 32712	1648 GOLFSIDE VILLAGE BLVD APOPKA FL 32712

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2634824 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

METER
VAN METER, SHARON
1648 GOLFSIDE VILLAGE BLVD.
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: JOHN A. NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 1672 GOLFSIDE VILLAGE CT
83
84 City: APOPKA FL 85 Zip Code: 32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JOHN A. NELSON John A. Nelson 4/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D/C ☒ Change ☐ Addition
NAME	NELSON, JOHN A.	1.2 NAME	JOHN A. NELSON
STREET ADDRESS	1672 GOLFSIDE VILLAGE BLVD	1.3 STREET ADDRESS	1672 GOLFSIDE VILLAGE CT
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	APOPKA, FL. 32712
TITLE	DP	2.1 TITLE	D ☒ Change ☐ Addition
NAME	COY, CLIFFORD L.	2.2 NAME	COY CLIFFORD L
STREET ADDRESS	1734 GOLFSIDE VILGE.BLVD	2.3 STREET ADDRESS	1734 GOLFSIDE VILLAGE BLVD
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	APOPKA FL. 32712
TITLE	D	3.1 TITLE	S ☒ Change ☐ Addition
NAME	VAN METER, SHARON	3.2 NAME	VAN METER SHARON
STREET ADDRESS	1648 GOLFSIDE VILLAGE BLVD	3.3 STREET ADDRESS	1648 GOLFSIDE VILLAGE BLVD
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	APOPKA FL. 32712
TITLE	DV	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GARVEY, LOLA	4.2 NAME	MARCIE POWERS
STREET ADDRESS	1559 GOLFSIDE VLLG. BLVD	4.3 STREET ADDRESS	1566 GOLFSIDE VILLAGE BLVD
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	EVD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	WENZEL, THOMAS A.	5.2 NAME	WENZEL THOMAS
STREET ADDRESS	1622 GOLFSIDE VILLAGE BLVD	5.3 STREET ADDRESS	1622 GOLFSIDE VILLAGE BLVD.
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	APOPKA, FLA 32712
TITLE		6.1 TITLE	D ☒ Change ☐ Addition
NAME		6.2 NAME	ROBERT GASS
STREET ADDRESS		6.3 STREET ADDRESS	1598 GOLFSIDE VILLAGE BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	APOPKA FL 32712

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN A. NELSON John A. Nelson 4/22/95 1-401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
880-8067

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