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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14321

1. Corporation Name

GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

* 1 6 8 5 1 6 3 6 *

Principal Place of Business
**1648 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712**

Mailing Address
**1648 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712**



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/10/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2634824	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent JOHN A NELSON 1672 GOLFSIDE VILLAGE CT APOPKA FL 32712				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOHN A.	1.2 NAME	
STREET ADDRESS	1672 GOLFSIDE VILLAGE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, JOHN	2.2 NAME	
STREET ADDRESS	1627 GOLFSIDE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, ROBERT	3.2 NAME	
STREET ADDRESS	1665 GOLFSIDE VILLAGE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLS, OTTO	4.2 NAME	
STREET ADDRESS	1582 GOLFSIDE VILLAGE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZEL, THOMAS A.	5.2 NAME	
STREET ADDRESS	1622 GOLFSIDE VILLAGE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIESTEBAN, EDWIN	6.2 NAME	
STREET ADDRESS	1689 GOLFSIDE VILLAGE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]

2-8-99

407-880-8067

CR2E037 (11/98)