

2000 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-31-2000 90002 039 ****61.25

DOCUMENT # N14321

1. Entity Name

GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

R

Principal Place of Business

1648 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712

Mailing Address

1648 GOLFSIDE VILLAGE BLVD
APOPKA FL 32712-2133

2. Principal Place of Business

766 Lake Francis Drive

3. Mailing Address

766 Lake Francis Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

59-2634824

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN A NELSON
1672 GOLFSIDE VILLAGE CT
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name William C. Feltes, Jr.

Street Address (P.O. Box Number is Not Acceptable)
766 Lake Francis Drive

City Apopka

FL

Zip Code 32712

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.

RA. WILLIAM C. FELTES JR
Signature WILLIAM C. FELTES JR. PRESIDENT GUHA

12 JUNE 2000

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

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	PDC	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JOHN A.	
STREET ADDRESS	1672 GOLFSIDE VILLAGE BLVD	
CITY-ST-ZIP	APOPKA FL	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	CANFIELD, JOHN	
STREET ADDRESS	1627 GOLFSIDE CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREGG, ROBERT	
STREET ADDRESS	1665 GOLFSIDE VILLAGE BLVD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICOLS, OTTO	
STREET ADDRESS	1582 GOLFSIDE VILLAGE BLVD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENZEL, THOMAS A.	
STREET ADDRESS	1622 GOLFSIDE VILLAGE BLVD	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTIESTEBAN, EDWIN	
STREET ADDRESS	1689 GOLFSIDE VILLAGE BLVD	
CITY-ST-ZIP	APOPKA FL 32712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Feltes, Jr.	
STREET ADDRESS	766 Lake Francis Drive	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela C. Nicols	
STREET ADDRESS	1582 Golfside Village Blvd	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Fray	
STREET ADDRESS	1578 Golfside Village Blvd.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Henderson	
STREET ADDRESS	1681 Golfside Village Blvd.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geraldine Mansfield	
STREET ADDRESS	1659 Golfside Village Court	
CITY-ST-ZIP	Apopka, FL 32712	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RA Pres. William C. Feltes Jr.

4/28/2000

Date

(407) 886-2057

Daytime Phone #

6-12-2000

407-814-8103

CR2E037 (9/99)