## **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 11, 2002 8:00 am **DOCUMENT # N14321** 1. Entity Name **Secretary of State** GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC. 02-11-2002 90066 049 \*\*\*\*61.25 Principal Place of Business Mailing Address 766 LAKE FRANCIS DRIVE 766 LAKE FRANCIS DRIVE APOPKA FL 32712 APOPKA FL 327127 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2634824 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FELTES JR, WILLIAM C 766 LAKE FRANCIS DRIVE APOPKA FL 32712 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01 PDC ☐ Change ☐ Addition TITLE TITLE ☐ Delete FELTES, WILLIAMS C JR NAME NAME **766 LAKE FRANCIS** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712-2170 EVP ☐ Change Addition TITLE ☐ Delete TITLE NICOLS, ANGELA NAME NAME 1582 GOLFSIDE VILLAGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712-2170 ☐ Change ☐ Addition Delete TITLE TITLE GREGG, ROBERT NAME NAME 1665 GOLFSIDE VILLAGE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Change Addition TITI F ☐ Delete TITLE EVANS, DEAN NAME NAME 1550 GOLFSIDE VILLAGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712-2170 ☐ Change Addition TITLE □ Detete TITLE GARCIA, NELSON NAME NAME STREET ADDRESS 822 LAKE FRANCIS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712-2170 ☐ Delete TITLE ■ Addition

12. Thereby 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 WILLIAM

NAME

STREET ADDRESS CITY-ST-ZIP

MANSFIELD, GERALDINE

APOPKA FL 32712-2170

1659 GOLFSIDE VILLAGE CT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP