


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90006 005 \*\*\*\*61.25

<b>DOCUMENT # N14321</b> 1. Entity Name <b>GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>766 LAKE FRANCIS DRIVE APOPKA, FL 32712</b>			Mailing Address <b>766 LAKE FRANCIS DRIVE APOPKA, FL 32712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-2634824</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FELTES JR, WILLIAM C 766 LAKE FRANCIS DRIVE APOPKA, FL 32712</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELTES, WILLIAMS C JR		NAME		
STREET ADDRESS	766 LAKE FRANCIS		STREET ADDRESS		
CITY - ST - ZIP	APOPKA, FL 327122170		CITY - ST - ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICOLS, ANGELA		NAME		
STREET ADDRESS	1582 GOLFSIDE VILLAGE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	APOPKA, FL 327122170		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSS, JOHN R		NAME		
STREET ADDRESS	1551 GOLFSIDE VILLAGE BLVD		STREET ADDRESS		
CITY - ST - ZIP	APOPKA, FL 327122170		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, DEAN		NAME		
STREET ADDRESS	1550 GOLFSIDE VILLAGE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	APOPKA, FL 327122170		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, NELSON		NAME		
STREET ADDRESS	882 LAKE FRANCIS DR		STREET ADDRESS		
CITY - ST - ZIP	APOPKA, FL 327122170		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MANSFIELD, GERALDINE		NAME	<b>D LYNETTE REED</b>	
STREET ADDRESS	1659 GOLFSIDE VILLAGE CT		STREET ADDRESS	<b>1694 GOLFSIDE VILLAGE BLVD</b>	
CITY - ST - ZIP	APOPKA, FL 327122170		CITY - ST - ZIP	<b>APOPKA FL 32712</b>	
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.					
<b>SIGNATURE:</b> <i>William C Feltes Jr</i> <b>PRESIDENT GVHHA INC JAN 10, 2005</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					