

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14321

FILED
Jan 04, 2007
Secretary of State

Entity Name: GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

766 LAKE FRANCIS DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

766 LAKE FRANCIS DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2634824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELTES JR, WILLIAM C
766 LAKE FRANCIS DRIVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: FELTES, WILLIAMS C JR
Address: 766 LAKE FRANCIS
City-St-Zip: APOPKA, FL 327122170

Title: EVP () Delete
Name: NICOLS, ANGELA
Address: 1582 GOLFSIDE VILLAGE BLVD.
City-St-Zip: APOPKA, FL 327122170

Title: VP () Delete
Name: GOSS, JOHN R
Address: 1551 GOLFSIDE VILLAGE BLVD
City-St-Zip: APOPKA, FL 327122170

Title: S () Delete
Name: EVANS, DEAN
Address: 1550 GOLFSIDE VILLAGE BLVD.
City-St-Zip: APOPKA, FL 327122170

Title: T () Delete
Name: GARCIA, NELSON
Address: 882 LAKE FRANCIS DR
City-St-Zip: APOPKA, FL 327122170

Title: D () Delete
Name: REED, LYNETTE
Address: 1694 GOLFSIDE VILLAGE BLVD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. FELTES JR.

PDC

01/04/2007

Electronic Signature of Signing Officer or Director

Date