

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003596

FILED
Jan 04, 2007
Secretary of State

Entity Name: CITYSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

1771 CITYSIDE DRIVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

1771 CITYSIDE DRIVE
WEST PALM BEACH, FL 33401

FEI Number: 20-2709282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ESTIS, JEFFREY N
1771 CITYSIDE DRIVE
WEST PALM BEACH, FL 33401 US

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: JEFFREY ESTIS

01/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ASH, JAMES H
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: BRASINGTON, CHARLES E
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: KEITH, SYLVIA
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDRE, TRAVIS
Address: 1771 CITYSIDE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Change () Addition
Name: MCGOVERN, MICHELLE
Address: 1771 CITYSIDE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD (X) Change () Addition
Name: FLYAM, ANNA
Address: 1771 CITYSIDE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

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: TRAVIS ANDRE

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date