

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90498 006 \*\*\*\*\*61.25

**DOCUMENT # N14321**

1. Entity Name

**GOLFSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**766 LAKE FRANCIS DRIVE  
APOPKA FL 32712**

Mailing Address

**766 LAKE FRANCIS DRIVE  
APOPKA FL 32712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2634824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ Delete  
NAME **FELTES, WILLIAMS C JR**  
STREET ADDRESS **766 LAKE FRANCIS**  
CITY-ST-ZIP **APOPKA FL 32712-2170**

TITLE **EVP** ☐ Delete  
NAME **NICOLS, ANGELA**  
STREET ADDRESS **1582 GOLFSIDE VILLAGE BLVD.**  
CITY-ST-ZIP **APOPKA FL 32712-2170**

TITLE **VP** ☒ Delete  
NAME **GREGG, ROBERT**  
STREET ADDRESS **1665 GOLFSIDE VILLAGE BLVD**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **S** ☐ Delete  
NAME **EVANS, DEAN**  
STREET ADDRESS **1550 GOLFSIDE VILLAGE BLVD.**  
CITY-ST-ZIP **APOPKA FL 32712-2170**

TITLE **T** ☐ Delete  
NAME **GARCIA, NELSON**  
STREET ADDRESS **822 LAKE FRANCIS DR.**  
CITY-ST-ZIP **APOPKA FL 32712-2170**

TITLE **D** ☐ Delete  
NAME **MANSFIELD, GERALDINE**  
STREET ADDRESS **1659 GOLFSIDE VILLAGE CT**  
CITY-ST-ZIP **APOPKA FL 32712-2170**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **VP John R. Goss**  
STREET ADDRESS **1551 GOLFSIDE VILLAGE BLVD.**  
CITY-ST-ZIP **APOPKA, FL 32712-2170**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **T Nelson Garcia**  
STREET ADDRESS **882 Lake Francis Drive**  
CITY-ST-ZIP **Apopka, FL 32712-2170**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of William C. Feltes Jr. President GVAHA 1/17/03 407 814-8103**

CR2E037 (10/02)