Officer/Director Detail :			
Title	PRESIDENT	Title	TREASURER
Name	JELLEY, PAUL	Name	JONES, THOMAS
Address	9503 CROOKED STICK LN	Address	9612 CROOKED STICK LN
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT SAINT LUCIE FL 34986
Title	SECRETARY	Title	DIRECTOR
Name	BALLARD, FRED	Name	FINLEY, SHERRY
Address	9500 CROOKED STICK LN	Address	9616 CROOKED STICK LN
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST. LUCIE FL 34986

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.

**Current Mailing Address:** 

790 PARK OF COMMERCE BLVD. BOCA RATON. FL 33487 US

SIGNATURE: KEVIN M. CARROLL

**Current Principal Place of Business:** 

DOCUMENT# N0200000459

790 PARK OF COMMERCE BLVD. BOCA RATON. FL 33487

## FEI Number: 65-1075276

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CARROLL, KEVIN M 790 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

I hereby 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 all other like empowered.

SECRETARY

04/27/2020

Electronic Signature of Signing Officer/Director Detail

04/27/2020 Date

Certificate of Status Desired: Yes

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CLUBSIDE PROPERTY OWNERS ASSOCIATION, INC.

## SIGNATURE: FRED BALLARD

Date