

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000459

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**5917851734CC**

**Entity Name:** CLUBSIDE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

790 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487

**Current Mailing Address:**

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

**FEI Number: 65-1075276**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CARROLL, KEVIN M  
790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 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: KEVIN M. CARROLL**

**04/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JELLEY, PAUL  
Address 9503 CROOKED STICK LN  
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER  
Name JONES, THOMAS  
Address 9612 CROOKED STICK LN  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY  
Name BALLARD, FRED  
Address 9500 CROOKED STICK LN  
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT  
Name LEE, MAY  
Address 9505 CROOKED STICK LN  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name FINLEY, SHERRY  
Address 9616 CROOKED STICK LN  
City-State-Zip: PORT ST. LUCIE FL 34986

*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.*

**SIGNATURE: MAY LEE**

**PRESIDENT**

**04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date