## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003807

Entity Name: CLUBSIDE RESERVE AT THE VINEYARDS CONDOMINIUM

ASSOCIATION, INC.

**FILED** Feb 25, 2021 **Secretary of State** 7738501096CC

## **Current Principal Place of Business:**

75 VINEYARDS BLVD., THIRD FLOOR NAPLES, FL 34119

## **Current Mailing Address:**

75 VINEYARDS BLVD., THIRD FLOOR NAPLES, FL

FEI Number: 65-0642820 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PROFESSIONALS 75 VINEYARDS BLVD, THIRD FLOOR NAPLES, FL 34119 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: STEPHEN CUSSON 02/25/2021

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title **PRESIDENT** 

Name RICHARD, CHARLES Name BEARE, GRAHAM

Address 75 VINEYARDS BLVD., THIRD FLOOR Address 75 VINEYARDS BLVD., THIRD FLOOR

City-State-Zip: NAPLES FL 34119 City-State-Zip: NAPLES FL 34119

Title **TREASURER** Title **DIRECTOR** 

BURNETT, CURT Name O'SULLIVAN, JOHNNY Name

Address 75 VINEYARDS BLVD., THIRD FLOOR Address 75 VINEYARDS BLVD., THIRD FLOOR

City-State-Zip: NAPLES FL 34119 City-State-Zip: NAPLES FL 34119

Title **SECRETARY** Name BELLO, LENNY

75 VINEYARDS BLVD., THIRD FLOOR Address

City-State-Zip: NAPLES FL 34119

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: GRAHAM BEARE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/25/2021