


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90052 029 \*\*\*\*61.25

<b>DOCUMENT # 727148</b> 1. Entity Name <b>PORTSIDE CLUB, INC.</b>					
Principal Place of Business <b>3100 BINNACLE DR NAPLES, FL 33940 US</b>			Mailing Address <b>501 GOODLETTE ROAD NORTH SUITE A-206 NAPLES, FL 34102 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. City & State Zip <b>34103</b>		3. Mailing Address  Suite, Apt. #, etc. <b>SUITE C-200</b> City & State Zip 			
Country 		Country 		4. FEI Number <b>59-1660457</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>COASTAL PROPERTY MGMT OF SW FLORIDA, INC. 501 GOODLETTE ROAD NORTH SUITE A-206 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>SUITE C-200</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVENSON, DOROTHY 3100 BINNALE DRIVE SUITE 307 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUG GUSTASON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3100 BINNACLE DR #203 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAKELING, CAROLE <input type="checkbox"/> Delete 3100 BINNALE DRIVE SUITE 303 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLIARD, DAVID <input type="checkbox"/> Delete 2536 RAVEN RD WILMINGTON, DE 19810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONDINHO, JEFF <input type="checkbox"/> Delete 3100 BINNACLE DRIVE # 302 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAVEK, BOB <input type="checkbox"/> Delete 3100 BINNACLE DRIVE # 201 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILARO, TERRY <input type="checkbox"/> Delete 3100 BINNALE DRIVE SUITE 305 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>MANAGER JOHN GREEN</b> <b>2-15-07</b> <b>434-2077</b> (239)					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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