


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 727148 1. Entity Name PORTSIDE CLUB, INC.	
---	---

Principal Place of Business 3100 BINNACLE DR NAPLES, FL 34103 US	Mailing Address 501 GOODLETTE ROAD NORTH SUITE C-200 NAPLES, FL 34102 US
--	---



04242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1660457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COASTAL PROPERTY MGMT OF SW FLORIDA, INC.
501 GOODLETTE ROAD NORTH
SUITE C-200
NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTASON, DOUG 3100 BINNACLE DR. #2003 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAKELING, CAROLE 3100 BINNAELE DRIVE SUITE 303 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLIARD, DAVID 2536 RAVEN RD WILMINGTON, DE 19810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONDINHO, JEFF 3100 BINNACLE DRIVE # 302 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAVEK, BOB 3100 BINNACLE DRIVE # 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILARO, TERRY 3100 BINNAELE DRIVE SUITE 305 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

U00000933102
05/22/08-80073-021-61-25

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green – Manager
04-21-08 - Ph 239-434-2077