

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727148

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PORTSIDE CLUB, INC.

**Current Principal Place of Business:**

3100 BINNACLE DR  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 GOODLETTE ROAD NORTH  
SUITE C-200  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 59-1660457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUSTASON, DOUG  
Address: 3100 BINNACLE DR. #2003  
City-St-Zip: NAPLES, FL 34103

Title: S ( ) Delete  
Name: WAKELING, CAROLE  
Address: 3100 BINNAELE DRIVE SUITE 303  
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete  
Name: HILLIARD, DAVID  
Address: 2536 RAVEN RD  
City-St-Zip: WILMINGTON, DE 19810

Title: T ( ) Delete  
Name: CONDINHO, JEFF  
Address: 3100 BINNACLE DRIVE # 302  
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete  
Name: MORAVEK, BOB  
Address: 3100 BINNACLE DRIVE # 201  
City-St-Zip: NAPLES, FL 34103

Title: D (X) Delete  
Name: MILARO, TERRY  
Address: 3100 BINNAELE DRIVE SUITE 305  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN S GREEN

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

Date