

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

02-28-2005 90201 048 ****61.25

DOCUMENT # 733518 1. Entity Name WESTSIDE CLUB, INC.					
Principal Place of Business 4615 LEXINGTON AVE JACKSONVILLE FL 32210			Mailing Address P O BOX 7056 JACKSONVILLE FL 32238 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1830595	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARTSCHLAG, ANNE H 7952 FALCON ST JACKSONVILLE FL 32244				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Anne Hartschlag - ANNE HARTSCHLAG - TREASURER</i></u> 3/25/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing) DATE					
FILE NOW FEE IS \$61.25 Due By May 1 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLSON, WILLIAM 7415 IMPALA RD JACKSONVILLE FL 32244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, RONALD 4207 CONFEDERATE PT. DR. JACKSONVILLE, FL 32210	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RICHARDSON, JAMES 10327 DENTON RD. JACKSONVILLE FL 32226	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP W.P. ROBINS 4336 PALMER AVE JACKSONVILLE FL 32210	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM REAUME, PAUL 7020 JULIET LN. JACKSONVILLE FL 32244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM ANITA CUMMINGS 3528 GILMORE ST JACKSONVILLE FL 32205	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNS, JANICE 3063 WATER ST JACKSONVILLE FL 32208	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUNTSINGER, HANS 1710 WELLS RD. APT. 233 ORANGE PARK FL 32273	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARTSCHLAG, ANNE 7952 FALCON ST JACKSONVILLE FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Anne Hartschlag</i></u> 3/25/05 904-771-6042 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					