


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 765386	
1. Entity Name GOLFSIDE OF LEE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 17037 GOLFSIDE CIRCLE FORT MYERS, FL 33908 US	Mailing Address 17037 GOLFSIDE CIRCLE FT. MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE



4. FEI Number 59-2427360	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

BECKER & POLIAKOFF, P.A.
 14241 METROPOLIS AVE.
 SUITE 100
 FT MYERS, FL 33912-0000

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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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1/300000861137
 04/02/08 00091 005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELLEGREN, DONALD 17034 GOLFSIDE CIR 701 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARADISO, ANTHONY 64 FLORENCE STREET NUTLEY, NJ 07110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Donald M Pellegren* DONALD M PELLEGREN 3/12/08 267-9189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #