

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

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 004 ****70.00

DOCUMENT: # N02000000459
 1. Entity Name
CLUBSIDE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2160 NW RESERVE PARK TRACE
 PORT ST LUCIE FL 34986**

Mailing Address
**2160 NW RESERVE PARK TRACE
 PORT ST LUCIE FL 34986**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **65-1075276**
 Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ISAACSON, WILLIAM K
 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

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 DP	NAME CSAPO, JOHN	TITLE Chastain, Owen Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2160 NW RESERVE PARK TRACE	CITY-ST-ZIP PORT ST LUCIE FL 34986	STREET ADDRESS 91632 Crooked Stick Ln	
	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Port St Lucie, FL 34986	
TITLE DVS	NAME VAIL, ROBERT	TITLE Mub, Joseph VP/Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2160 NW RESERVE PARK TRACE	CITY-ST-ZIP PORT ST LUCIE FL 34986	STREET ADDRESS 8301 Riviera Way	
	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Port St Lucie, FL 34986	
TITLE DVT	NAME TOMPSON, JOHN	TITLE Weronik, Richard Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2160 NW RESERVE PARK TRACE	CITY-ST-ZIP PORT ST LUCIE FL 34986	STREET ADDRESS 91640 Crooked Stick Ln	
	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Port St Lucie, FL 34986	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

*CR# 550A
 mailed Separately
 by mistake
 May 2005*

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 whom I am empowered.

SIGNATURE: *Jim J. G... 2/01/05*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rm Weronik Treasurer