


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90016 023 ****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
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40048054



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1075276	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486		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 _____ (NOTE: Registered Agent signature required when reinstating) 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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHASTAN, OWEN			NAME			
STREET ADDRESS	9632 CROOKED STICK LN			STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE, FL 34986			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULE, JOSEPH			NAME			
STREET ADDRESS	8301 RIVERA WAY			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERONIK, RICHARD			NAME			
STREET ADDRESS	9640 CROOKED STICK LN			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, PETER			NAME			
STREET ADDRESS	9616 CROOKED STICK LN			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DON, ESTHER			NAME			
STREET ADDRESS	9636 CROOKED STICK LN			STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VICKIE CHOBY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	9624 CROOKED STICK LANE		
STREET ADDRESS				STREET ADDRESS	PORT ST LUCIE FL 34986		
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Don J. Chastan* **2/20/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #