

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90350 030 \*\*\*\*61.25

**DOCUMENT # N02905**

1. Entity Name  
**COURTSIDE VILLAGE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034**

Mailing Address  
**C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2508566**

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

7. Name and Address of New Registered Agent

**GREGORY, DAVID  
AMELIA ISLAND MGMT.  
3000 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 PD  
NAME PENNINGTON, MICHAEL ☒ Delete  
STREET ADDRESS 2770 BROADMOOR  
CITY-ST-ZIP ROCHESTER, MI 48309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME OSSI, RICHARD ☐ Delete  
STREET ADDRESS 14 HENION GARDEN  
CITY-ST-ZIP MAHWAH, NJ 047430

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME JAMES, BUDD ☐ Delete  
STREET ADDRESS 400 WESTMINSTER ROAD  
CITY-ST-ZIP ROCHESTER, NY 14607

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition  
NAME Oliver, Terri  
STREET ADDRESS 1826 Ocean Village Drive  
CITY-ST-ZIP Amelia Island, FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Glass, Stephen E  
STREET ADDRESS 4041 Devlin Court  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Hamilton, Nanette  
STREET ADDRESS 106 Dove Hollow Ct.  
CITY-ST-ZIP St. Mary's, GA 31558

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #