
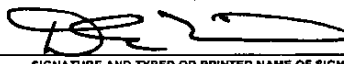


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90048 029 \*\*\*\*61.25

<b>DOCUMENT # N03946</b> 1. Entity Name <b>CLUBSIDE AT PALM-AIRE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US</b>			Mailing Address <b>9031 TOWN CENTER PKWY BRADENTON, FL 34202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2491347</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WILSON, DOUGLAS E C/O ADVANCED MANAGEMENT, INC 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, HAROLD <input type="checkbox"/> Delete 5943 CLUBSIDE DR SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SNITZ, GERRY <input type="checkbox"/> Delete 6043 CLUBSIDE DR. SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ORR, JOHN <input type="checkbox"/> Delete 6011 CLUBSIDE DR SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BARRA, SHIRLEY <input checked="" type="checkbox"/> Delete 6083 CLUBSIDE DR SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BYKOWSKI, RICHARD <input type="checkbox"/> Delete 5854 CLUBSIDE DR SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Brian Holleran <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5958 Clubside Dr. Sarasota FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHARD BYKOWSKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5854 Clubside Dr. Sarasota FL 34243				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DOUGLAS Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C/O ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON FL 34202				
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.					
<b>SIGNATURE:</b>  <b>Asst. Sec. 4-07-08 941-355-1134</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40065546



03262008 Chg-NP CR2E037 (12/06)