

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003008

FILED
Mar 27, 2009
Secretary of State

Entity Name: CLUBSIDE VILLAGE AT GOLDEN OCALA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-8650549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, RALPH L SR
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177 US

Title: VPD () Delete
Name: DONNELLY, JOE
Address: 7340 NW HWY 27
City-St-Zip: OCALA, FL 34482 US

Title: SD (X) Delete
Name: DELUCA, DONALD R
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177 US

Title: D () Delete
Name: PERNA, CRAIG
Address: 7340 NW US HWY 27
City-St-Zip: OCALA, FL 34482

Title: D (X) Delete
Name: LONG, JIMMY
Address: 7340 NW US HWY 27
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: DONNELLY, JOE
Address: 7340 NW HWY 27 STE 111
City-St-Zip: OCALA, FL 34482 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: PERNA, CRAIG
Address: 7340 NW US HWY 27 STE 111
City-St-Zip: OCALA, FL 34482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH L ROBERTS

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date