

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90022 007 ****61.25

DOCUMENT # N06000002447 1. Entity Name GOLFSIDE AT FORT LAUDERDALE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4820 NE 23RD AVENUE #205 FORT LAUDERDALE, FL 33308			Mailing Address 4820 NE 23RD AVENUE #205 FORT LAUDERDALE, FL 33308		
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		
4. FEI Number 20-4442215				Applied For ☐ Not Applicable	
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		
MASCIOLI, DENNIS M 4820 NE 23RD AVENUE SUITE #205 FORT LAUDERDALE, FL 33308			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 reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RICHARD A 28178 HAYES ROAD ROSEVILLE, MI 48066 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, VICKY 41800 HEYDENREICH ROAD CLINTON TWP, MI 48038 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, PAUL 27178 HAYES ROAD ROSEVILLE, MI 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, DOUG 41800 HEYDENREICH ROAD CLINTON TWP MI 48038 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MASCIOLI, DENNIS 28178 HAYES ROAD ROSEVILLE, MI 48066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <u>Vicky Ann Smith</u> VICKY ANN SMITH 4/28/08 536-295-5766 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					