2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002447

FILED Apr 11, 2009 Secretary of State

Entity Name: GOLFSIDE AT FORT LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Bus	siness:	
4820 NE 2 #205	23RD AVENUE			
	JDERDALE, FL	33308		
Current N	Mailing Addres	s:	New Mailing Address:	
	23RD AVENUE		2626 EAST COMMERCIAL B	BLVD,
#205 FORT LAI	JDERDALE, FL	. 33308	SUITE 4 FORT LAUDERDALE, FL 33	3308
	: 20-4442215	FEI Number Applied For ()	,	rtificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of New	Registered Agent:
SUITE #2(
The above			e purpose of changing its registered office	e or registered agent, or both,
The above in the Stat	e named entity s e of Florida.		e purpose of changing its registered office	e or registered agent, or both,
The above	e named entity s e of Florida. RE:			e or registered agent, or both,
The above in the Stat SIGNATU	e named entity s e of Florida. RE:	ubmits this statement for th	gent	
The above in the Stat SIGNATU	e named entity se of Florida. RE: Electron S AND DIRECT	ubmits this statement for thic Signature of Registered A FORS: Delete INIS ROAD	gent ADDITIONS/CHANGES TO	Date
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity se of Florida. RE: Electron S AND DIRECT DST () MASCIOLI, DEN 28178 HAYES F ROSEVILLE, MI DP () SMITH, VICKY 41800 HEYDEN	ubmits this statement for the control of the control of Registered A control o	ADDITIONS/CHANGES TO Title: () Cha Name: Address: City-St-Zip:	Date OFFICERS AND DIRECTOR

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: DENNIS MASCIOLI PRES 04/11/2009