



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 022 ****61.25

DOCUMENT # N06364 1. Entity Name GOLFSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US			Mailing Address 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40009902 	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2464330	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITTLE, CINDY % INTEGRITY PROPERTY 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BLOOMER, MAUREEN 3011 HOLIDAY SPRINGS BLVD MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOTHROYD, MARY 2041 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMER, JAMES 3011 HOLIDAY SPRINGS BLVD MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTRANT, STANTON 3001 HOLIDAY SPRINGSN BLVD MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRONE, LUCIA 3061 HOLIDAY SPRINGS BLVD MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COCHRAN, CAROL 3041 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Maureen M. Bloomer</u> 2/1/07 954-346-0477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					