


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90020 010 ****61.25

DOCUMENT # N11756 1. Entity Name COURTSIDE COMMONS OF WYNDEMERE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 98 WYNDEMERE WAY NAPLES, FL 34105 US			Mailing Address 98 WYNDEMERE WAY NAPLES, FL 34105 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2779398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAUSNIGHT, MARY JO 98 WYNDEMERE WAY NAPLES, FL 34105				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD KEAN, JOHN 108 COURTSIDE DR NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander, Fred 103 Courtside Drive Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GEARHART, WILSON 507 COURTSIDE DR NAPLES, FL 34105		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT ELLINGSON, JAMES 504 COURTSIDE DR. NAPLES, FL 34105		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP S/D Peter, Joseph 301 Courtside Drive Naples, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TASHJIAN, EDWARD 304 COURTSIDE DR NAPLES, FL 34105		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP T/D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS SCHWARTZ, NORMAN 407 COURTSIDE DRIVE NAPLES, FL 34105		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP V/D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	
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 empowerments.					
SIGNATURE: <i>Wilson R. Gearhart</i>				3-8-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILSON R. GEARHART				Date 239-263-0761	

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