


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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
--	--



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2779398	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent FAUSNIGHT, MARY JO 98 WYNDEMERE WAY NAPLES, FL 34105
--

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-electing) DAIC

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALEXANDER, FRED 103 COURTSIDE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GEARHART, WILSON 507 COURTSIDE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PETER, JOSEPH 301 COURTSIDE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD TASHJIAN, EDWARD 304 COURTSIDE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SCHWARTZ, NORMAN 407 COURTSIDE DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000680240
04/03/07-80070-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Wilson R. Gearhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07
Date

239-263-0761
Daytime Phone #

WILSON R. GEARHART