

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11937** (2)

1. Corporation Name

GOLFSIDE VILLAGE CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1140 LEE BLVD., #103 LEHIGH ACRES FL 33906	Mailing Address P.O. BOX 133 LEHIGH ACRES FL 33970 US
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3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 06/06/1994
4. FEI Number 65-0098010	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 105
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LEHIGH ACRES, FL
Zip 24	Country 29 33970
Country 25	Country 30 LEE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LYNCH, MARIA D.
709 WILLOW DR
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name Thomas R. Nell
82 Street Address (P.O. Box Number is Not Acceptable) 1716 Fowler Street
83
84 City Fl. Myers, Fla.
85 Zip Code 33101

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **4/18/95**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CHRETIEN, LOUIS
STREET ADDRESS 2031 GOLFSIDE VILLAGE DR	CITY - ST - ZIP LEHIGH ACRES FL
TITLE VPD	NAME NEBEL, PETER
STREET ADDRESS WALDSTR. 34 A	CITY - ST - ZIP 8031 GILCHING GERMANY
TITLE TD	NAME ZACHOW, HENRY
STREET ADDRESS 2025 GOLFSIDE VILLAGE DR	CITY - ST - ZIP LEHIGH ACRES FL
TITLE SD	NAME SCOFIC, MARY
STREET ADDRESS 2125 GOLFSIDE VILLAGE DR	CITY - ST - ZIP LEHIGH ACRES FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	300001517193
13 STREET ADDRESS	-06/20/95--01039--014
14 CITY - ST - ZIP	****130.00 ****130.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Zachow* **HENRY ZACHOW** April 28 369-4835