

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11937 (2)
1. Corporation Name
GOLFSIDE VILLAGE CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.



Principal Place of Business 801 LEE LAND HEIGHTS BLVD LEHIGH ACRES FL 33936 US	Mailing Address P.O. BOX 105 LEHIGH ACRES FL 33970 US
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3. Date Incorporated or Qualified 11/07/1985	
4. FEI Number 65-0098010	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REYNOLDS, A.B.
A.B. REYNOLDS AND ASSO
801 LEE LAND HEIGHTS BLVD
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	CRONSHAW, BRIAN	
STREET ADDRESS	1941 GOLFSIDE VILLAGE DR.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VPD	<input type="checkbox"/>
NAME	PIERCE, ANTHONY	
STREET ADDRESS	2111 GOLFSIDE VILLAGE DR.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	STD	<input type="checkbox"/>
NAME	ELLIOTT, FRED	
STREET ADDRESS	321 BROADWAY AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	MELANIE LAUER		
2.3 STREET ADDRESS	2143 GOLFSIDE VILLAGE		
2.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972		
3.1 TITLE	STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MARY SCOFIC		
3.3 STREET ADDRESS	2125 GOLFSIDE VILLAGE		
3.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Brian Cronshaw* President **6/19/98 961-368-7981**

CR2E037 (10/97)