

FILED
Jul 17, 2001 8:00 am
Secretary of State

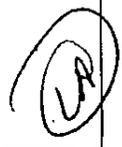
06-19-2001 90011 034 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11937

1. Entity Name

GOLFSIDE VILLAGE CONDOMINIUM ASSOCIATION OF LEHI



Principal Place of Business
801 LEELAND HEIGHTS BLVD
LEHIGH ACRES FL 33936
US

Mailing Address
P.O. BOX 105
LEHIGH ACRES FL 33970
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0098010**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REYNOLDS, A.B.
A.B. REYNOLDS AND ASSO
801 LEELAND HEIGHTS BLVD
LEHIGH ACRES FL 33936

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **CHRETIEN, LOUIS** Delete
STREET ADDRESS **2031 GOLFSIDE VILLAGE DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **VPD** Change Addition
NAME **NICHAGL RANGG**
STREET ADDRESS **2031 GOLFSIDE VILLAGE DR VPD**
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **VPD** Delete
NAME **JOHNSON, NANCY**
STREET ADDRESS **2011 GOLFSIDE VILLAGE DR**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **STD** Delete
NAME **SCHALBURG, MANFRED**
STREET ADDRESS **2033 GOLFSIDE VILLAGE DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: LOUIS CHRETIEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30 01 941-369-6276
Date Daytime Phone #

CR2E037 (10/00)