


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90013 001 \*\*\*\*61.25

<b>DOCUMENT # N11937</b>	
1. Entity Name <b>GOLFSIDE VILLAGE CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.</b>	

Principal Place of Business <b>801 LEE LAND HEIGHTS BLVD LEHIGH ACRES FL 33936 US</b>	Mailing Address <b>P.O. BOX 105 LEHIGH ACRES FL 33970 US</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0098010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**REYNOLDS, A.B.  
A.B. REYNOLDS AND ASSO  
801 LEE LAND 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. 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 reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAUSE, CHARLES <input checked="" type="checkbox"/> Delete 2029 GOLFSIDE VILLAGE DR LEHIGH ACRES FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRICO, PAUL <input type="checkbox"/> Delete 21 23 GOLFSIDE VILLAGE DR LEHIGH ACRES FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GIBSON, LEIGHANN <input type="checkbox"/> Delete 2025 GOLFSIDE VILLAGE DR LEHIGH ACRES FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUSAN LANZETTA 2043 GOLFSIDE VILLAGE DR LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Donald L. Benson **DONALD L. BENSON** 5-1-04 239-369-6276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #