

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90114 050 \*\*\*\*61.25



**DOCUMENT # N11937**  
1. Entity 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**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 105**  
Suite, Apt. #, etc.

City & State  
**Lehigh Acres**

Zip Country  
**33936 Lee**



1st MOORE CR2E037 (10/07)

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

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 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 Paul L Carrico Paul L Carrico Apr 18 2008  
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, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARRICO, PAUL 2123 GOLFSIDE VILLAGE DR LEHIGH ACRES FL <del>33932</del> 33936</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DEUTSCHER, RANDALL 2027 GOLFSIDE VILLAGE DR LEHIGH ACRES FL <del>33932</del> 33936</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TRACY SMITH 2031 GOLFSIDE VILLAGE DR LEHIGH ACRES FL 33972</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Jolene Smith 2147 Golfside Village Dr Lehigh Acres, FL 33936</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 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: Paul L Carrico  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time #