

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12566

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: OAKS CLUBSIDE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

LIGHTHOUSE MGMT & REALTY  
16 CHURCH STREET  
OSPREY, FL 34229 US

## New Principal Place of Business:

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US

## Current Mailing Address:

LIGHTHOUSE MGMT & REALTY  
16 CHURCH STREET  
OSPREY, FL 34229 US

## New Mailing Address:

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US

FEI Number: 59-2792601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, KEVIN T ESQ.  
22 S. LINKS AVENUE  
SUITE 301  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: DITMYER, JOHN  
Address: 526 MACEWEN DR  
City-St-Zip: OSPREY, FL 34229

Title: DIR ( ) Delete  
Name: MCKILLOP, BOB  
Address: 923 BLUE HERON OVERLOOK  
City-St-Zip: OSPREY, FL 34229

Title: PR ( ) Delete  
Name: BLACK, DAVID  
Address: 669 TRENTON WAY  
City-St-Zip: OSPREY, FL 34229

Title: SECY ( ) Delete  
Name: BROFAZI, FRED  
Address: 439 MACEWEN DR  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: NORDEN, PETER  
Address: 433 MACEWEN DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR ( ) Change (X) Addition  
Name: O'BRIEN, HARTLEY  
Address: 443 MACEWEN DRIVE  
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE SALUTER

MGR

03/26/2009

Electronic Signature of Signing Officer or Director

Date