

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90344 028 \*\*\*\*61.25

**DOCUMENT # N41595**

1. Entity Name  
**CLUBSIDE AT THE PLANTATION CONDOMINIUM  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**ADVANCED MANAGEMENT, INC.  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293**

Mailing Address  
**ADVANCED MANAGEMENT, INC.  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293**



04162008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0270573**

Applied For  
Not Applicable

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

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

**JORDAN, DONNA  
ADVANCED MANAGEMENT, INC.  
899 WOODBRIDGE DRIVE  
VENICE, FL 34293**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WELHAM, ROBERT  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE TD  
NAME DAVIS, PETER  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE SD  
NAME BRITTON, JOANN  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE PD  
NAME BEST, JOHN  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE VPD  
NAME MICHELSON, RONALD  
STREET ADDRESS 899 WOODBRIDGE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John Best*  
4-22-08 941-493-0287