2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N95000000802

Entity Name: CLUBSIDE PLACE ASSOCIATION, INC.

Current Principal Place of Business:

1369 CLUBVIEW CT
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

1369 CLUBVIEW CT
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 65-0559930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARLETTE, THOMAS A
1360 CLUBVIEW CT
VENICE, FL 34292 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: DP ( ) Delete
Name: ROBSON, JACK
Address: 1366 CLUBVIEW CT
City-St-Zip: VENICE, FL 34292

Title: DT ( ) Delete
Name: JAWOROWICZ, TOM
Address: 1329 CLUBVIEW CT.
City-St-Zip: VENICE, FL 34292

Title: DS ( ) Delete
Name: PARLETTE, THOMAS A
Address: 1360 CLUBVIEW CT
City-St-Zip: VENICE, FL 34292

Title: DV ( ) Delete
Name: CANTANNO, AL
Address: 1306 CLUBVIEW CT
City-St-Zip: VENICE, FL 34292

Title: DV ( ) Delete
Name: BOUCHER, CHARLES
Address: 1384 CLUBVIEW CT.
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TOM PARLETTE DSS 02/12/2009

Electronic Signature of Signing Officer or Director — Date