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FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004283 (6)

1. Corporation Name

GOLFSIDE COMMERCIAL DISTRICT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7380 MURRELL RD., STE. 201  
VIERA FL 32940

7380 MURRELL RD., STE. 201  
VIERA FL 32940



3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

95-3343385

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, R. MASON  
7380 MURRELL RD., STE. 201  
VIERA FL 32940

81 Name

Decator, Jay A. III

82 Street Address (P.O. Box Number Is Not Acceptable)

7380 Murrell Rd., Suite 201

83

84

City  
Viera

FL

85

Zip Code  
32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Jay A. Decator III*

Jay A. Decator III

April 20, 1998

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BLAKE, R. MASON  
STREET ADDRESS 7380 MURRELL RD., STE. 201  
CITY-ST-ZIP VIERA FL 32940 ☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME DECATOR, JAY A III  
STREET ADDRESS 7380 MURRELL RD., STE. 201  
CITY-ST-ZIP VIERA FL 32940 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME MARTELL, PAUL  
STREET ADDRESS 7380 MURRELL RD., STE. 201  
CITY-ST-ZIP VIERA FL 32940 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE D  
4.2 NAME MILLER, C. SCOTT  
4.3 STREET ADDRESS 7380 MURRELL RD. SUITE 201  
4.4 CITY-ST-ZIP VIERA, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay A. Decator III*

Jay A. Decator III, V.P. April 20, 1998

(407) 242-1200

CR2E037 (10/97)