

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 012 ****61.25

DOCUMENT # N96000001061

1. Entity Name

GOLFSIDE UNIT TWO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**JAN HART
3425 PALMER DRIVE
KISSIMMEE FL 34741
US**

Mailing Address

**JAN HART
3425 PALMER DRIVE
KISSIMMEE FL 34741
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3355077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAN
3425 PALMER DR.
KISSIMMEE FL 34741**

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

Jan Hart

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

(NOTE: Registered Agent signature required when reinstating)

1-20-05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **STD** ☒ Delete
NAME **ROMERO, JOSEPH**
STREET ADDRESS **3443 PALMER DRIVE**
CITY-STATE-ZIP **KISSIMMEE FL 34741**

TITLE **STD** ☒ Change ☐ Addition
NAME **Hart Keith**
STREET ADDRESS **3425 Palmer Dr.**
CITY-STATE-ZIP **Kissimmee, FL 34741**

TITLE **VPD** ☐ Delete
NAME **RIVERA, BETHZARDA**
STREET ADDRESS **3437 PALMER DRIVE**
CITY-STATE-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **PD** ☐ Delete
NAME **HART, JANE** *Jan*
STREET ADDRESS **3425 PALMER DRIVE**
CITY-STATE-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. 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 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: *Jan Hart* **Jan Hart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Date

407-932-3369

Daytime Phone #