


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HART, JAN 3425 PALMER DR. KISSIMMEE FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY ST ZIP	STD HART, KEITH 3425 PALMER DR KISSIMMEE FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000604004 01/29/07-80036-004 61.25 </div>
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD RIVERA, BETHZARDA 3437 PALMER DRIVE KISSIMMEE FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HART, JAN 3425 PALMER DRIVE KISSIMMEE FL 34741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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1st MOORE CR2E037 (10/06)

4. FEI Number **59-3355077** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Jan Hart
1-18-07