FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

Mar 20 1998 8:00am

Secretary of State

DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # N9600002639 (0)

SIDE-BY-SIDE CONDOMINIUM ASSOCIATION, INC.

PUNTA GORDA FL 33950 A. FEI Number B. App B. A	Country Coun									
### Street Address of Business 2a	Section Sect				LANE		·			
2. Principal Place of Business 2a. Mailing Address 26 Section Apt. 4, etc. 27 Suite, Apt. 4, etc. 28 Suite, Apt. 4, etc. 28 Suite, Apt. 4, etc. 29 Suite, Apt.	Second Property Second Pro						4. FEI Number	Applied For		
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State Zip Zip Zip Zip Zip Zip Zip Zi	8. Apr. #, etc. Sulte, Apr. #, etc. Sulte, Apr. #, etc. Sulte, Apr. #, etc. Country Zip Country Zip Performal Property Tax due June 30. Performal Property Tax due June 30. Yes No RENCH, RICHARD B Zip Code Sal-112 RIDING ROCKS LANE NITA GORDA FL 33850 Zip Code Sal-112 RIDING ROCKS LANE TURE Concept adaption of Sections 517 0502 and 617,1508. Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered and not registered agent, or both, in the State of Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered and not registered agent, or both, in the State of Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered and not registered agent, or both, in the State of Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered and not registered agent, or both, in the State of Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered and not registered agent agents to the corporation's board of directors. Thereby accept the appointment are registered and not registered agent agents to registered when rentating) Difference in the property of the property of the purpose of changing its registered agent agents to registered when rentating) Difference in the purpose of changing its registered agent and rentation of directors. Thereby accept the appointment are registered agent and rentation of the purpose of changing its registered agent and rentation of the purpose of changing its registered agent and rentation of the purpose of changing its registered agent and rentation of the purpose of chang						65-0673811	Not Applicable		
City & State City & City & State	Truet Fund Contribution	⊢ , '			88					
City & State City	Trust Fund Contribution Added to Feee City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.				8. Election Campaign Financing \$5.00 May Be		.00 May Be		
Zip	Country Zip Country Zip Country S. This corporation owes or has paid the ourserly set Intengible Personal Property Tax due June 30 Yes No Yes No Yes No Yes No Yes Yes Yes No Yes Yes Yes No Yes Ye									
Personal Property Tax due June 30. Prisonal Property Tax due June	Personal Property Tax due June 30. Yee Yee No.		, 							
FRENCH, RICHARD B 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 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 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 reagent, and familiar with, and accept the obligations of, Section 617,000, Florida Statutes. SIGNATURE Signature, hiped or profiled reme of registered agent and title if applicable. (NOTE Registered Agent sponsture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 2.1 TITLE PD DELETE 3.1 TITLE PD DELETE 5.1 TITLE PD DELETE 5	8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cox			ſΥ				
FRENCH, RICHARD B 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-nemed corporation submits this statement for the purpose of changing its 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 re agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. STREET ADDRESS 17. STREE	RENCH, RICHARD B 23	24								
FRENCH, RICHARD B 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 re agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hiped or printed here of regressed agent and the if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST. ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 25. TITL	RENCH, RICHARD B R34-112 RIDING ROCKS LANE INTA GORDA FL 33950 44 City FL S Zip Code Traum 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 learn registered agent, or both, in the State of Rorida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered learn registered agent with, and accept the obligations of, Section 617,0503, Florida Statutes. TURE Section 617,0503		9. Name and Address of Currer	nt Registered Agent		41 Maria	10. Name and Address of New Registered Agent			
11. Pursuant to the provisions of Sections 517.0502 and 517.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithms required when reinstating) DATE	BS	FRENCH RICHARD R					Address (P.O. Roy Number is Not Acceptable)			
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 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 reagent, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyberd or printed name of registered agent and tice if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.	PA City FL 88 Zip Code Trauent 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 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 and accept the obligations of, Section 617,0503, Florida Statutes. TURE Signature, hyped or printed name of registered agent and title # applicable (NOTE Registered Agent agentairs required when reinstating) DATE				Ľ	0001	Tradition (1.0) Divition to the free free free free free free free fr			
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 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 re agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyber or printed name of registered agent and the if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE 12.	TRUET TO THE Provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. TURE: TURE				8:	3				
TILE PD DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE DELETE 3.1 TITLE DELETE 2.1 TITLE DELETE 2	TRUENT 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 ice or registered agend, 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 ent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. TURE Signature, typed or printed name of registered agent and title if appocable. (NOTE: Registered Agent age				84	City	F1 ⁶⁵	Zip Code		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstaling) DATE	Signature, typed or printed nems of registreds agent and title of septicables (NOTE: Registrand Appint signature required when reinstating) DATE	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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstaling) DATE	Signature, typed or printed nems of registreds agent and title of septicables (NOTE: Registrand Appint signature required when reinstating) DATE									
TITLE PD DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.2 TITLE DELETE 1.2 TITLE DELETE 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME FRENCH, NANCY S 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 4.1 TITLE DELETE 4.1 STREET ADDRESS 4.1 CITY-ST-ZIP DELETE 4.1 STREET ADDRESS 4.1 CITY-ST-ZIP DELETE 4.1 STREET ADDRESS 4.1 CITY-ST-ZIP DELETE 5.1 TITLE DELETE DELETE DELETE 5.1 TITLE DELETE DELE	PD	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				geni signature				
Tree	FRENCH, RICHARD B 1234-112 RIDING ROCKS LANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·								
STREET ADDRESS CITY-ST-ZIP FUNTA GORDA FL 33950 TITLE TD L_I DELETE 2.1 TITLE NAME FRENCH, NANCY S STREET ADDRESS CITY-ST-ZIP TITLE VD L_I DELETE 2.1 TITLE L_ Change CHANGE STREET ADDRESS CITY-ST-ZIP TITLE VD L_I DELETE 2.1 TITLE L_ Change L_I DELETE 2.1 TITLE L_ Change L_I DELETE 2.1 TITLE L_ Change L_I DELETE 3.1 TITLE L_ Change L_I DELETE 3.1 TITLE L_ Change L_I DELETE 3.1 TITLE L_ Change L_I DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE SD L_I DELETE L_I TITLE L_I Change L_I NAME L_I NAM	1234-112 RIDING ROCKS LANE	· · · · · · · · · · · · · · · · · · ·	• -	UELETE			L C	range L. Addition		
TITLE TD DELETE 2.1 TITLE DAME TRENCH, NANCY S STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 1.4 CITY-ST-ZIP Change CHANGE PRENCH, NANCY S 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 2.4 CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE DELETE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE SD DELETE 4.1 TITLE Change	Addition			(IP						
TITLE TD DELETE 2.1 TITLE Change NAME FRENCH, NANCY S STREET ADDRESS 1234-112 RIDING ROCKS LANE CITY-ST-ZIP PUNTA GORDA FL 33950 DELETE 3.1 TITLE VD DELETE 3.1 TITLE NAME REIFEIS, CARL H STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE SD DELETE 4.1 TITLE NAME REIFEIS, MARY E STREET ADDRESS 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 DELETE 4.1 TITLE THE SD DELETE 4.1 TITLE THE STREET ADDRESS 1234-112 RIDING ROCKS LANE STREET ADDRESS 1234-112 RIDING ROCKS LANE TITLE SD DELETE 4.1 TITLE THE Change TITLE Change Change Change Change	TD			NE.	1,0 0					
NAME	FRENCH, NANCY S 1234-112 RIDING ROCKS LANE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			□ DELETE			17.0	hango Addition		
STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE VD NAME REIFEIS, CARL H STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 DELETE 4.1 TITLE REIFEIS, MARY E STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 DELETE 4.1 TITLE Change TITLE DELETE 5.1 TITLE Change	DORESS 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 VD			(OCLETE				Reide T Volution		
DELETE PUNTA GORDA FL 33950 2.4 CITY-ST-ZIP TITLE VD DELETE 3.1 TITLE DELETE 3.2 NAME STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 DELETE 4.1 TITLE DELETE Change TITLE DELETE A.3 STREET ADDRESS CITY-ST-ZIP DELETE DELETE Change	PUNTA GORDA FL 33950		•	AE						
TITLE VD DELETE 3.1 TITLE Change NAME REIFEIS, CARL H STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE SD DELETE 4.1 TITLE NAME REIFEIS, MARY E STREET ADDRESS CITY-ST-ZIP TITLE REIFEIS, MARY E 1234-112 RIDING ROCKS LANE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Change Change Change Change Change Change	VD REIFEIS, CARL H 32 NAME 33 STREET ADDRESS ZIP PUNTA GORDA FL 33950 DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS ZIP PUNTA GORDA FL 33950 DELETE 5.1 TITLE DELETE 5.1 TITLE DORESS ZIP DELETE 5.1 TITLE DORESS ZIP DELETE 6.1 TITLE DORESS ZIP DELETE 6.1 TITLE			1 6						
NAME REIFEIS, CARL H	REIFEIS, CARL H 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 DELETE A1 TITLE DELETE A2 NAME A3 STREET ADDRESS DELETE A2 NAME A3 STREET ADDRESS DELETE A1 TITLE DELETE A1 TITLE DELETE A3 STREET ADDRESS DELETE A3 STREET ADDRESS DELETE A3 STREET ADDRESS DELETE A4 CITY-ST-ZIP DELETE Addition Addition Change Addition			DELETE			Пс	hange Addition		
1234-112 RIDING ROCKS LANE 3.3 STREET ADDRESS 1234-112 RIDING ROCKS LANE 2.4 CITY-ST-ZIP	DORESS 1234-112 RIDING ROCKS LANE PUNTA GORDA FL 33950 SD REIFEIS, MARY E DORESS ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS ZIP DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS ZIP DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.2 NAME 6.3 NAME	,		— v]			
CITY-ST-ZIP	DELETE SD			JF						
TITLE SD DELETE 4.1 TITLE Change NAME REIFEIS, MARY E STREET ADDRESS 1234-112 RIDING ROCKS LANE CITY-ST-ZIP PUNTA GORDA FL 33950 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	SD DELETE 4.1 TITLE Change Addition REIFEIS, MARY E			16						
NAME STREET ADDRESS CITY-ST-ZIP TITLE REIFEIS, MARY E 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE LA CHAPSE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE LA CHAPGE	REIFEIS, MARY E			DELETE			□ CI	nange		
STREET ADDRESS CITY-ST-ZIP TITLE 1234-112 RIDING ROCKS LANE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 1 Change	1234-112 RIDING ROCKS LANE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition Additio	NAME I			4, 2 NAMI	Ε				
CITY-ST-ZIP PUNTA GORDA FL 33950 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE □ Change	DELETE S.1 TITLE Change Addition	STREET ADDRESS		√E	4.3 STREE	T ADDRESS				
TITLE DELETE 5.1 TITLE Change	DELETE 5.1 TITLE Change Addition	CITY-ST-ZIP		-	4.4 City-	ST-ZIP				
NAME 52 NAME	DELETE S.3 STREET ADDRESS S.4 City - St - ZiP Change Addition G.2 NAME Change Addition Change Addition Change Chan			DELETE			☐ CI	nange		
	ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME	NAME			5.2 NAME	:				
STREET ADDRESS 5.3 STREET ADDRESS	DELÉTE 6.1 TITLE Change Addition 6.2 NAME	STREET ADDRESS			5.3 STREE	T ADDRESS				
	62 NAME	CITY-ST-ZIP			5,4 CITY-	ST-ZIP				
TITLE DELETE 6.1 TITLE Change]	TITLE		DELETE	6.1 TITLE		□ Cr	nange		
NAME 62 NAME	ODRESS 6.3 STREET ADDRESS	NAME			6.2 NAME	:				
STREET ADDRESS 6.3 STREET ADDRESS	_	STREET ADDRESS			6.3 STREE	T ADDRESS				
ı İ	ZIP 6.4 CITY-ST-2IP	CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. Thereby 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:

3-12-58

941-575-447-2