

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90177 036 ****61.25

DOCUMENT # N99000001178

1. Entity Name

COURTSIDE LANDINGS CONDOMINIUM ASSOCIATION, INC.

UUU30700



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-5914
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2. Principal Place of Business 24301 Walden Center Drive Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL	3. Mailing Address 24301 Walden Center Drive Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL
Zip 34134 Country USA	Zip 34134 Country USA

4. FEI Number 59-3550361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEYERS, R.C. JR. 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	7. Name and Address of New Registered Agent Name: JAMES D. CULLEN Street Address (P.O. Box Number is Not Acceptable): 24301 WALDEN CENTER DR. City: BONITA SPRINGS FL Zip Code: 34134
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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.

SIGNATURE: James D Cullen JAMES D Cullen 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYER, R.C. JR. 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEYER, R.C. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REKOW, DAVID 5000 BURNT STORE ROAD PUNTA GORDA FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CIESIELSKI, DAN 3150 MATA CUMBE KEY RD. PUNTA GORDA, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLYNN, MILT 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIBBONY, STEVE 3150 MATA CUMBE KEY RD. PUNTA GORDA, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 4/19/00 [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)