

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001178

1. Entity Name

COURTSIDE LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE  
STE 300  
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE  
STE 300  
BONITA SPRINGS FL 34134

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

59-3550361

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

CULLEN, JAMES D  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAYER, R.C. JR.	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REKOW, DAVID	
STREET ADDRESS	5000 BURNT STORE ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33573	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, MILT	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON TRAUER-MUZIO	
STREET ADDRESS	17827 COURTSIDE CONDOMINIUMS CR	
CITY-ST-ZIP	PUNTA GORDA FL - 33955	
TITLE	DOT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibbons, Steve	
STREET ADDRESS	2020 Clubhouse Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 05, 2001 8:00 am  
Secretary of State

04-12-2001 90157 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)