
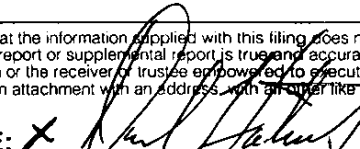


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90041 021 \*\*\*\*61.25

<b>DOCUMENT # N99000001178</b> 1. Entity Name <b>COURTSIDE LANDINGS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12650 WHITEHALL DRIVE FORT MYERS, FL 33907</b>				Mailing Address <b>C/O BENSONS INC 12650 WHITEHALL DRIVE FT. MYERS, FL 33907-3619</b>	
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	4. FEI Number <b>59-3550361</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNATO, DONALD T		NAME	FORTUNATO, DONALD T	
STREET ADDRESS	17785 COURTSIDE LANDINGS CIRCLE		STREET ADDRESS	17785 COURTSIDE LANDINGS CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASMUSSEN, PETER		NAME	BARLOW, JOEL	
STREET ADDRESS	17977 COURTSIDE LANDINGS CIRCLE		STREET ADDRESS	17906 COURTSIDE LANDINGS CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, WALTER		NAME	COX, WALTER	
STREET ADDRESS	17773 COURTSIDE LANDINGS CIRCLE		STREET ADDRESS	17773 COURTSIDE LANDINGS CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLWORTH, RAYMOND		NAME	BURNETT, ROBERT	
STREET ADDRESS	17779 COURTSIDE LANDINGS CIRCLE		STREET ADDRESS	17917 COURTSIDE LANDINGS CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWITZ, ERIC		NAME	MOWITZ, ERIC	
STREET ADDRESS	17821 COURTSIDE LANDINGS CIRCLE		STREET ADDRESS	17821 COURTSIDE LANDINGS CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.					
<b>SIGNATURE: X</b> 			<b>1-26-08 (941) 505-6195</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		