

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 007 ****61.25

DOCUMENT # N99000004770
 1. Entity Name
CLUBSIDE AT PELICAN STRAND NEIGHBORHOOD ASSOCIAT

Principal Place of Business Mailing Address
9400 GLADIOLUS DR., STE. 250 **9400 GLADIOLUS DR., STE. 250**
FT. MYERS FL 33908 **FT. MYERS FL 33908-7600**

2. Principal Place of Business **Property Management**
 Suite, Apt. #, etc. **Professionals of SW Florida**
 100 Vineyards Blvd.
 City & State **Naples, FL 34109**



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

FEI Number Applied For
65-0975109 Not Applicable

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

6. Name and Address of Current Registered Agent
PEEPLES, C. PERRY
8889 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

7. Name and Address of New Registered Agent
 Name **Property Management**
 Street # **Professionals of SW Florida**
 100 Vineyards Blvd.
 City **Naples, FL 34109** 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]* DATE: **4/28/00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	PD REISMAN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE NAME	VD GULLO, VINCE	<input type="checkbox"/> Delete
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE NAME	STD KNIZNER, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* DATE: **5/1/00** DAYTIME PHONE #: **941-489-4910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (9/99)