

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000004770

1. Entity Name
 CLUBSIDE AT PELICAN STRAND NEIGHBORHOOD ASSOCIATION, I NC.

Principal Place of Business 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	Mailing Address PROFESSIONALS OF SW FLORIDA 100 VINEYARDS BLVD NAPLES FL 34109
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2. Principal Place of Business 265 AIRPORT ROAD SOUTH	3. Mailing Address 265 AIRPORT ROAD SOUTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34104	Country	Zip 34104	Country
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4. FEI Number 65-0975209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEEPLES C. PERRY
 8889 PELICAN BAY BLVD., STE. 300

 NAPLES FL
 34108 US

7. Name and Address of New Registered Agent

Name
 CARROLL GLENN
 Street Address (P.O. Box Number is Not Acceptable)
 265 AIRPORT ROAD SOUTH

 City
 NAPLES FL Zip Code
 34104

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 GLENN CARROLL DATE 04/29/2001
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. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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: JOHN REISMAN PD DATE 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)