


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90087 025 ****61.25

DOCUMENT # N99000004770 1. Entity Name CLUBSIDE AT THE STRAND CONDOMINIUM NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business C/O DORRILL MANAGEMENT GROUP 5672 STRANDCOURT SUITE 1 NAPLES, FL 34110 US			Mailing Address C/O DORRILL MANAGEMENT GROUP 5672 STRANDCOURT SUITE 1 NAPLES, FL 34110 US		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DORRILL, NEIL 5672 STRANDCOURT SUITE 1 NAPLES, FL 34110			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOUHY, JIM		NAME	PEGGY KLIZIMON	
STREET ADDRESS	5881 THREE IRON DRIVE #903		STREET ADDRESS	5876 THREE IRON DR #601	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, JOHN K		NAME	LEO HALISKA	
STREET ADDRESS	5921 THREE IRON DR. # 2903		STREET ADDRESS	5853 THREE IRON DR. #1603	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHMIDT, RICHARD		NAME	JAMES MUNRO	
STREET ADDRESS	5912 THREE IRON DRIVE #2401		STREET ADDRESS	5916 THREE IRON DR #2602	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	KENNETH PADGETT	
STREET ADDRESS			STREET ADDRESS	5927 THREE IRON DR #3104	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ROBERT GALVINO	
STREET ADDRESS			STREET ADDRESS	5927 THREE IRON DR # 3102	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DENISE ZULAU	
STREET ADDRESS			STREET ADDRESS	5908 THREE IRON DR. #2203	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34110	
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 all other like empowered.					
SIGNATURE: <u>R. Schmidt</u> <u>R.W. SCHMIDT</u> <u>3/20/07</u> <u>239-591-2884</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40046902



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0975209-109** Applied For ☐ Not Applicable ☒

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



Department of the Treasury
Internal Revenue Service

ATTACHMENT

OGDEN UT 84201-0038

40046902
#N99000004770

In reply refer to: 0441958793

Mar. 13, 2007 LTR 147C E0

65-0975109 000000 00 000

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BODC: SB

CLUBSIDE NEIGHBORHOOD CONDOMINIUM
% DORRILL MANAGEMENT GP
5672 STRAND CT STE 1
NAPLES FL 34110-3343729



013084

Employer Identification Number: 65-0975109

Dear Taxpayer:

Thank you for the inquiry of Mar. 02, 2007.

Your Employer Identification Number (EIN) is 65-0975109. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____