

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000006668****1. Entity Name****CLUBSIDE II AT PELICAN STRAND CONDOMINIUM ASSOCIATION, INC.****Principal Place of Business**

9400 GLADIOLUS DRIVE STE 250

FT MYERS
33908

FL

Mailing Address

100 VINEYARDS BLVD.

NAPLES
34109

FL

2. Principal Place of Business

265 AIRPORT ROAD SOUTH

3. Mailing Address

265 AIRPORT ROAD SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES,

FL

City & State

NAPLES

FL

Zip

34104

Country**Zip**

34014

Country**4. FEI Number****65-0969536****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PROPERTY MGMT. PROFESSIONALS OF SW FLORIDA
100 VINEYARDS BLVD.**

NAPLES

34109

FL

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****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	KNIZNER DAVID	
STREET ADDRESS	9400 GLADIOLUS DR STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULLO VINCE	
STREET ADDRESS	9400 GLADIOLUS DR STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	REISMAN JOHN	
STREET ADDRESS	9400 GLADIOLUS DR STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
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	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATERHAM CYNTHIA	
STREET ADDRESS	5903 THREE IRON DRIVE, #2003	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE DON	
STREET ADDRESS	5896 THREE IRON DRIVE, #1703	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONEY JUDY	
STREET ADDRESS	5897 THREE IRON DRIVE, #1803	
CITY-ST-ZIP	NAPLES FL 34110	
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		
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)(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: JUDY STONEY****DP****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)