2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132419

Entity Name: COURTSIDE COMMONS, INC.

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8020 OLD COUNTY ROAD 54 2523 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

8020 OLD COUNTY ROAD 54 2523 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34655

FEI Number: 35-2261568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELLER, JACK
2560 GULF TO BAY BLVD
SUITE 300
CLEARWATER, FL 33765 US

CARLSON, TAMARA
2523 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655

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: TAMARA CARLSON 02/21/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CARLSON, RICHARD
 Name:
 CARLSON, RICHARD

Address: 8020 OLD CR 54 Address: 2523 SEVEN SPRINGS BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V () Delete Title: V (X) Change () Addition Name: KONRAD, BILL Name: KONRAD, BILL

 Address:
 8020 OLD CR 54
 Address:
 2523 SEVEN SPRINGS BLVD.

 City-St-Zip:
 NEW PORT RICHEY, FL 34653
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

Title: TS () Delete Title: TS (X) Change () Addition

 Name:
 CARLSON, TAMARA
 Name:
 CARLSON, TAMARA

 Address:
 8020 OLD CR 54
 Address:
 2523 SEVEN SPRINGS BLVD.

 City-St-Zip:
 NEW PORT RICHEY, FL 34653
 City-St-Zip:
 NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA CARLSON ST 02/21/2007