2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132419

Entity Name: COURTSIDE COMMONS, INC.

FILED Apr 14, 2008 Secretary of State

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

2523 SEVEN SPRINGS BLVD. 2523 SEVEN SPRINGS BLVD.

NEW PORT RICHEY, FL 34655 TRINITY, FL 34655

Current Mailing Address: New Mailing Address:

2523 SEVEN SPRINGS BLVD. 2523 SEVEN SPRINGS BLVD.

NEW PORT RICHEY, FL 34655 TRINITY, 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:

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

CARLSON, TAMARA
2523 SEVEN SPRINGS BLVD.
TRINITY, FL 34655 US

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 04/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:CARLSON, RICHARDName:CARLSON, RICHARDAddress:2523 SEVEN SPRINGS BLVD.Address:2523 SEVEN SPRINGS BLVD.

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

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 KONRAD, BILL
 Name:
 CARLSON, TAMARA

 Address:
 2523 SEVEN SPRINGS BLVD.
 Address:
 2523 SEVEN SPRINGS BLVD.

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

Title: TS () Delete Title: TS (X) Change () Addition Name: CARLSON, TAMARA Name: KONRAD, WILLIAM

Address: 2523 SEVEN SPRINGS BLVD. Address: 2523 SEVEN SPRINGS BLVD.

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

I hereby certify that the information supplied with this filing does not qualify 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 VP 04/14/2008