2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000839

CHIUMENTO, MICHAEL D III

PALM COAST, FL 32137

4B OLD KINGS ROAD NORTH

Name:

Address:

City-St-Zip:

FILED Mar 03, 2004 Secretary of State

Entity Name: WATERSIDE AT PALM COAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 15 SENTRY OAK PLACE 208 PALM CIRCLE PALM COAST, FL 32137 FLAGLER BEACH, FL 32136 **Current Mailing Address: New Mailing Address:** 15 SENTRY OAK PLACE PO BOX 350010 PALM COAST, FL 32137 PALM COAST, FL 32135 FEI Number: 30-0147996 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: CHIUMENTO, MICHAEL D III CHIUMENTO, MICHAEL D III 4B OLD KINGS ROAD NORTH 4B OLD KINGS ROAD NORTH PALM COAST, FL 32137 SUITE B PALM COAST, FL 32137 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: MICHAEL D CHIUMENTO III 03/03/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPST () Change () Addition () Delete THIBOS, JERRY L Name: Name: PO BOX 350010 Address: Address: City-St-Zip: PALM COAST, FL 32135 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition Name: PUETZS, RONALD C Name: PUETZ, RONALD C Address: PO BOX 350010 Address: PO BOX 350010 City-St-Zip: PALM COAST, FL 32135 City-St-Zip: PALM COAST, FL 32135 Title: () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY L THIBOS DPST 03/03/2004