

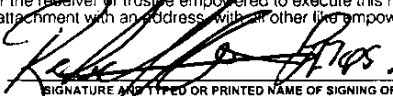


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90182 045 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N03000000839</b>  |   |  |  |   |  |
| 1. Entity Name<br>WATERSIDE AT PALM COAST CONDOMINIUM ASSOCIATION, INC.   |   |  |  |  |  |
| Principal Place of Business<br>114 CLUBHOUSE DRIVE<br>PALM COAST, FL 32137  |   | Mailing Address<br>P.O. BOX 354914<br>PALM COAST, FL 32135                       |  | 9000 -   |  |
| 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  | 01192007 Chg-NP CR2E037 (12/06)  |  |
| 4. FEI Number<br>30-0147996   |   |  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |  |  |
| BROWN, RONALD W<br>93 ORANGE ST.<br>ST. AUGUSTINE, FL 32084   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |  |
| Filing Fee is \$61.25<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ZITO, MARIANNE<br>1272 CRANBROOK CIRCLE<br>AURORA, IL 60504        | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>CROCETTA, BOB<br>114 CLUBHOUSE DR, UNIT 206<br>PALM COAST FL 32137            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GOODWIN, CAROL<br>106 SW 109TH PLACE<br>MICANOPY, FL 32667        | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WILLIAMS, JACK<br>80 CLUBHOUSE DR, UNIT 306<br>PALM COAST FL 32137            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>ORR, CAROLYN<br>1099 SANDSTONE CT.<br>AURORA, IL 60504             | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>STEEGER, PAMELA<br>104 CLUBHOUSE DR, UNIT 210<br>PALM COAST, FL 32137         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LIBRIZZI, JOSEPH<br>102 CLUBHOUSE DR. #308<br>PALM COAST, FL 32137 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LIBRIZZI, JOSEPH<br>102 CLUBHOUSE DR, UNIT 308<br>PALM COAST FL 32137        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>THALER, RONALD<br>2841 NW 58TH BLVD.<br>GAINESVILLE, FL 32606      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>THALER, RONALD<br>2841 NW 58TH BLVD<br>GAINESVILLE FL 32606                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 another line empowered. |   |  |  |  |  |
| SIGNATURE:   |   |  | 4/19/07  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #   |  |  |