


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90034 013 \*\*\*\*61.25

**DOCUMENT # N03000000839**

1. Entity Name  
**WATERSIDE AT PALM COAST CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business  
**114 CLUBHOUSE DRIVE  
 PALM COAST, FL 32137**

Mailing Address  
**P.O. BOX 354914  
 PALM COAST, FL 32135**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**40009264**



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**30-0147996** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROWN, RONALD W  
 93 ORANGE ST.  
 ST. AUGUSTINE, FL 32084**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	CROCETTA, BOB	
STREET ADDRESS	114 CLUBHOUSE DR., UNIT 206	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JACK	
STREET ADDRESS	80 CLUBHOUSE DR., UNIT 306	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEGER, PAMELA	
STREET ADDRESS	104 CLUB HOUSE DR., UNIT 210	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIBRIZZI, JOSEPH	
STREET ADDRESS	102 CLUBHOUSE DR. #308	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	T	<input type="checkbox"/> Delete
NAME	THALER, RONALD	
STREET ADDRESS	2841 NW 58TH BLVD.	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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 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 like empowered.

SIGNATURE: *Ronald W. Thaler* **1/18/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #