2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

REC'D
VENDOR # FLOR02
ASSN # WSS
FILED MS
MGR
DATE 05/1/06
TRANS # 71400
06 MAY 19 PM 4:57
SECRETARY OF STATE $61.25
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002466

1. Entity Name
WAYSIDE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1916 BOOTHE CIR. LONGWOOD, FL 32750	1916 BOOTHE CIR. LONGWOOD, FL 32750

05012006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 34-1979246 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, JAMES W
498 PALM SPRINGS DR
#270
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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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)

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TYE, ARTHUR 1916 BOOTHE CIR. LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SWEDICK, MIKE 216 JUNIPER RIDGE CT SANFORD, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT DECKER, CLIFTON 1916 BOOTHE CIR. LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP STONER, JOHN 207 JUNIPER RIDGE CT SANFORD FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC ZABEL, JON 1916 BOOTHE CIR. LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PECCHIA, WILLIAM 208 JUNIPER RIDGE CT SANFORD, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/5/22	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700075273627 05/25/06--01024--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: James W Boyle 5/2/06 407-260-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #