

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90155 006 ****70.00

DOCUMENT # N19330

1. Entity Name

WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

27501 SO. DIXIE HWY., #207
 HOMESTEAD FL 33032
 US

Mailing Address

P.O. BOX 924176
 HOMESTEAD FL 33092-4176

62295



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2969871

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN HOOK, RAYMOND D
 C/O HARBOR MGMT SERVICES
 27501 S. DIXIE HWY STE 207
 NARANJA FL 33032

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTCH, GRACIE 12765 S.W. 263 TERR HOMESTEAD FL 33032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCES, JAIRO 5574 SW 122ND TERR HOMESTEAD FL 33032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLA, CHARLES 28023 SW 139TH CT HOMESTEAD FL 33032 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTIZ, LIZETTE 28341 SW 141 CT HOMESTEAD FL 33030 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANEGAS, ANA 28120 SW 141 PLACE HOMESTEAD FL 33030 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN SAFELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 21801 SW 147 Avenue Homestead, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nemrod Saldanis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13700 SW 62 St #107 Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Decerra E. Noel Tarsk, Blaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15249 SW 109 St. Miami, FL 33196
TITLE NAME STREET ADDRESS 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Raymond D. Van Hook

01/22/01

Daytime Phone #

CR2E037 (10/00)