

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**DOCUMENT # N29416**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90015 002 \*\*\*\*61.25

1. Entity Name

**WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASS**

Principal Place of Business

Mailing Address

132 WATERSIDE DR.  
 HYPOLUXO FL 33462  
 US

132 WATERSIDE DR.  
 HYPOLUXO FL 33462-6160  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0118157**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEAN-PIERRE ROY**  
**807 WATERSIDE DR**  
**HYPOLUXO FL 33462-6160**

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

*[Handwritten Signature]*

*January 14, 2000*

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

(NOTE: Registered Agent signature required when reinstating).

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JEAN-PIERRE, ROY</b>	
STREET ADDRESS	<b>807 NWATERSIDE DR</b>	
CITY-ST-ZIP	<b>HYPOLUXO FL 60</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROLAND, DURAND</b>	<i>treasurer</i>
STREET ADDRESS	<b>548 WATERSIDE DR</b>	
CITY-ST-ZIP	<b>HYPOLUXO FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GORETTE, RAYMOND J</b>	
STREET ADDRESS	<b>431 WATERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>HYPOLUXO FL 33462</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUPPE, MAURICE</b>	<i>President</i>
STREET ADDRESS	<b>162 WATERSIDE DR</b>	
CITY-ST-ZIP	<b>HYPOLUXO FL 33462</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Andie Beaudoin</i>	<i>Director</i>
STREET ADDRESS	<i>404 Waterside Dr</i>	
CITY-ST-ZIP	<i>Hypoluxo 33462</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Reyan Delisle</i>	<i>Director</i>
STREET ADDRESS	<i>233 Waterside Dr.</i>	
CITY-ST-ZIP	<i>Hypoluxo 33462</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Marie Turgeon</i>	<i>Director</i>
STREET ADDRESS	<i>552 Waterside Dr</i>	
CITY-ST-ZIP	<i>Hypoluxo 33462</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Yves Vaillancourt</i>	<i>Director</i>
STREET ADDRESS	<i>319 Waterside Dr.</i>	
CITY-ST-ZIP	<i>Hypoluxo 33462</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Roland Cyrene</i>	<i>secretary</i>
STREET ADDRESS	<i>430 Waterside Dr.</i>	
CITY-ST-ZIP	<i>Hypoluxo 33462</i>	
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 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*January 14, 2000 561-592-6165*

CR2E037 (9/99)