

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90002 001 ****61.25

DOCUMENT # N29416

1. Entity Name

WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASS

Principal Place of Business

**132 WATERSIDE DR.
HYPOLUXO FL 33462
US**

Mailing Address

**132 WATERSIDE DR.
HYPOLUXO FL 33462
US**

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

65-0118157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ROLAND DURAND

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

548 WATERSIDE DR.

HYPOLUXO, FL. 33462

City **HYPOLUXO**

FL

Zip Code
33462

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

Roland Durand

PRESIDENT

02-05-01

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 | TD ROLAND, DURAND 548 WATERSIDE DR HYPOLUXO FL | <input checked="" type="checkbox"/> OK |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUPPE, MAURICE 162 WATERSIDE DR HYPOLUXO FL 33462 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DELISLE, REGAN 233 WATERSIDE DRIVE HYPOLUXO FL 33462 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input 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 | TREASURER ROCK MASSICOTTE 420, waterside dr Hypoluxo, FL. 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY REJEAN DELISLE 233, Waterside dr. Hypoluxo, FL. 33462 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR JEAN GUY CORBEIL 206, Waterside dr. Hypoluxo, FL. 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT GERALD LEFEBVRE 234, Waterside dr. Hypoluxo, FL. 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: *Roland Durand*

REQUIRED

02-05-01

Date

Daytime Phone #

CR2E037 (10/00)