


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90067 011 ****61.25

DOCUMENT # N29416 1. Entity Name WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASSOCIATION, INC.			
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



MOORE CR2E037 (11/03)

4. FEI Number 65-0118157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROCH, MASSICOTTE 420 WATERSIDE DR. HYPOLUXO FL 33462	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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP ROLAND, DURAND	TITLE	
NAME	548 WATERSIDE DRIVE	NAME	
STREET ADDRESS	HYPOLUXO FL 33462	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P MASSICOTTE, ROCK	TITLE	
NAME	420 WATERSIDE DR	NAME	
STREET ADDRESS	HYPOLUXO FL 33462	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S PELLERIN, ANDRE	TITLE	
NAME	620 WATERSIDE DR.	NAME	
STREET ADDRESS	HYPOLUXO FL 33462	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ADM CORBEIL, JEAN G	TITLE	
NAME	206 WATERSIDR DRIVE	NAME	
STREET ADDRESS	LAKE WORTH FL 33462	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ADM BERGERON, ANDRE	TITLE	
NAME	376 WATERSIDE DR.	NAME	
STREET ADDRESS	HYPOLUXO FL 33462	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	LONGCHAMPS, LISE	TITLE	
NAME	720 WATERSIDE DR.	NAME	
STREET ADDRESS	HYPOLUXO FL 33462	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Roch Massicotte* 4/15/2004 565-6765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #