


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90196 039 \*\*\*\*61.25

<b>DOCUMENT # N29416</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0118157	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAMPTON, PAMELA B 132 WATERSIDE DR HYPOLUXO, FL 33462				Name HARVEY, DANIEL	
				Street Address (P.O. Box Number is Not Acceptable)	
				132 WATERSIDE DR.	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE DANIEL HARVEY, MANAGER				4-30-08	
Signature, typed or printed name of registered agent and title if applicable.				DATE	
Filing Fee is \$61.25 Due by May 1, 2008				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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRON, SCOTT		NAME	MONGRAIN, ANDRE	
STREET ADDRESS	671 WATERSIDE DRIVE		STREET ADDRESS	721 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMTIS, CLAUDE		NAME	COMTOIS, CLAUDE	
STREET ADDRESS	432 WATERSIDE DR		STREET ADDRESS	432 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFOY-POIRIER, CLAUDE		NAME	BERGERON, ANDRE	
STREET ADDRESS	410 WATERSIDE DR.		STREET ADDRESS	376 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELANGER, GABY		NAME		
STREET ADDRESS	553 WATERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	ADM	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUMONT, PIERRE		NAME	VAN, ROBERT	
STREET ADDRESS	155 WATERSIDE DR		STREET ADDRESS	155 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	ADM	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, MARC		NAME	ROCHON, MARC	
STREET ADDRESS	434 WATERSIDE DR.		STREET ADDRESS	434 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO, FL 33462	
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 817, 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: ANDRE MONGRAIN				4-30-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				561-585-7338	
				Daytime Phone #	

# ATTACHMENT

WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASSOCIATION, INC.

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DOCUMENT #N29416

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TITLE	D
NAME	MASSICOTTE, ROCH
STREET ADDRESS	420 WATERSIDE DR.
CITY-ST-ZIP	HYPOLUXO, FL 33462