FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:10

DOCUMENT # 763233 (4)

1. Corporation Name

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO RES, INC.

Principal Place of Business	Mailing Address
18001 GULF BLVD., STE D REDINGTON SHORES FL 33708	PO BOX 8156 ST PETERSBURG FL 33738-8156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1982
3a. Date of Last Report: 11/28/1994
4. FEI Number: 59-2371486 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEATHERLOW, WILLIAM W
18001 GULF BLVD, SUITE D
REDINGTON SHORES FL 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, GENE A	1.2 NAME		
STREET ADDRESS	1925 STERLING PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA 17601	1.4 CITY-ST-ZIP		
TITLE	VTD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WANTHOUSE, CHARLES	2.2 NAME	WANTHOUSE, CHARLES	
STREET ADDRESS	95 BALCH AVE	2.3 STREET ADDRESS	95 BALCH AVE	
CITY-ST-ZIP	PITCATAWAY NJ 08854	2.4 CITY-ST-ZIP	PITCATAWAY NJ 08854	
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MANORE, JOANN	3.2 NAME	MANORE, JOANN	
STREET ADDRESS	1103 MAPLE WAY DR	3.3 STREET ADDRESS	1103 MAPLE WAY DR	
CITY-ST-ZIP	TEMPERANCE MI 48182	3.4 CITY-ST-ZIP	TEMPERANCE MI 48182	
TITLE	D	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	CACCIATORE, ANGELO	4.2 NAME	JAMES, SHARON	
STREET ADDRESS	3007 NORTH A STREET	4.3 STREET ADDRESS	19925 GULF BLVD, #303	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	INDIAN SHORES FL 34635	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HAHN, ROLF E	5.2 NAME		
STREET ADDRESS	431 41ST AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33706	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 hereinabove, or on an attachment with an address.

SIGNATURE: _____ 2/15/95 813 392-4637
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (FICER OR DIRECTOR — Date — Daytime Phone #

0056818