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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763233 (4)

1. Corporation Name

WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO
RES, INC.

Principal Place of Business

Mailing Address

5444 PARK BLVD NORTH
SUITE 200
PINELLAS PARK FL 34865
USPOST OFFICE BOX 47307
ST. PETERSBURG FL 33740-7307
US3. Date Incorporated or Qualified
05/11/19823a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o PAREKH, Commons Co

22 19925 GULF BLVD

27 2700 EAST BAY DR #107

23 INDIAN SHORES, FL

28 LARGO, FL

24 Zip 33785

25 Country PINELAS

29 Zip 33771

30 Country PINELAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEATHERLOW, WILLIAM W
40001 GULF BLVD, SUITE D
REDINGTON SHORES FL 33708

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARPENTER, GENE A
STREET ADDRESS 1925 STERLING PLACE
CITY-ST-ZIP LANCASTER PA 176011.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME MANORE, JOANN
STREET ADDRESS 1103 MAPLE WAY DRIVE
CITY-ST-ZIP TEMPERANCE MI2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE STD
NAME JAMES, SHARON
STREET ADDRESS 19925 GULF BLVD, 303
CITY-ST-ZIP INDIAN SHORES FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME DI CESARE, MARIA
STREET ADDRESS POST OFFICE BOX 69
CITY-ST-ZIP PORT MCNICOLL ON4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME AUSTIN, OWEN
STREET ADDRESS 19925 GULF BLVD., 507
CITY-ST-ZIP INDIAN SHORES FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME TULLIS, TERRY
STREET ADDRESS 19925 GULF BLVD., 301
CITY-ST-ZIP INDIAN SHORES FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051513

CR2E037 (9/96)