## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 74237

(5)

FILED						
Feb 18 1998 8:00am	1					
Secretary of State						

WATER Principal Place	RSIDE HOMEOWNERS' AS	SSOCIATION, INC.  Mailing Address			
5710 S DIXIE		5710 S DIXIE			
SUITE B		SUITE B		3. Date Incorporated or Qualified	
W PALM BEAC	H FL 33405	W PALM BEACH FL 33405		04/13/1978 4. FEI Number	1 12 11 1-
					Applied For
2. Principal P	lace of Business	2a. Mailing Address		59-2104496	Not Applicable
21 Suite, Apt.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	#, <del>0</del> (C	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	е	City & State		7. Is this nonprofit corporation a homeowne	
23		28		· · · · · · · · · · · · · · · · · · ·	No
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent vear Intangible
24	25	29	ю		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
1			81 Name		
TOUCHS	STONE WEBB MGMT CO INC		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
5710 S					
SUITE B			63		
W PALM	BEACH FL 33405		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's boa agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					t changing its registered
office or r	egistered agent, or both, in the Sta	ite of Florida Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
	Kothley Sa	Jaka .	da Sialules.	2.41.5	00
SIGNATURE	Signature typed or printed name of registered a	gool and title if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	□ DELETE	1.1 TITLE		Change  Addition
NAME	SHULL, DARREN		1.2 NAME		
STREET ADDRESS	2432 WATERSIDE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	DVP	DELETE	2.1 YITLE		Change  Addition
NAME	BEACH, RICK		2.2 NAME		
STREET ADDRESS	2437 WATERSIDE CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, AMY		3.2 NAME		
STREET ADDRESS	2403 WATERSIDE CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	L program	3.4. CITY-ST-ZIP		
TITLE	DS DOD	L_) DELETE	4.1 TITLE		Change Addition
NAME	BOYD, BOB		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	☐ DELETE	4.4 CITY - ST - ZIP		1 Ohanna 1 Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CHTY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		f" pectit	6.1 TITLE		Chenike Changell
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZVP			6.4 CITY-ST-ZIP		

A CITY-SI-ZIP

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 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 if am an officer of 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Toute White Solet

2-11-98 561547-4001

R2E037 (10/97