

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90107 008 ****61.25

DOCUMENT # 763233

1. Corporation Name

**WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO
RES, INC.**

Principal Place of Business

19925 GULF BLVD
INDIAN SHORES FL 33785
US

Mailing Address

C/O PAREKH. COMMONS-CO
2700 EAST BAY DR #107
LARGO FL 33771
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/11/1982

4. FEI Number

59-2371486

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FAKO, GARY
4254 GOLF CLUB LANE
TAMPA FL 33624

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 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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CARPENTER, GENE A
STREET ADDRESS 1925 STERLING PLACE
CITY-ST-ZIP LANCASTER PA 17601

☒ DELETE

TITLE VD
NAME MANORE, JOANN
STREET ADDRESS 1103 MAPLE WAY DRIVE
CITY-ST-ZIP TEMPERANCE MI 48182

☐ DELETE

TITLE STD
NAME JAMES, SHARON
STREET ADDRESS C O JACK COLLINS 2001 GULF BLVD
CITY-ST-ZIP INDIAN SHORES FL 33785

☐ DELETE

TITLE D
NAME AUSTIN, OWEN
STREET ADDRESS 19925 GULF BLVD., 507
CITY-ST-ZIP INDIAN SHORES FL 33785

☐ DELETE

TITLE D
NAME FAKO, GARY
STREET ADDRESS 4254 GOLF CLUB LANE
CITY-ST-ZIP TAMPA FL 33624

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

D MARGARET STIRLING
20001 GULF BLVD
INDIAN SHORES FL 33785

D ☒ Change ☐ Addition

S ☒ Change ☐ Addition

☐ Change ☐ Addition

PT ☒ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99 727-743-8899

CR2E037 (1/98)