

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
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90017 050 ****61.25

DOCUMENT # N22197

1. Corporation Name

DOCKSIDE AT VENTURA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2580 WOODGATE BLVD.
ORLANDO FL 32822

Mailing Address

2580 WOODGATE BLVD.
ORLANDO FL 32822



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/25/1987

4. FEI Number

59-3038018

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

CAMEO PROFESSIONALS, INC.
2580 WOODGATE BOWL
ORLANDO FL 32822

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 ☐ DELETE

NAME **P KOOL, WENDY**

STREET ADDRESS **5675 MURRAY STREET**

CITY-ST-ZIP **PIERREFONDS, QUEBEC H8Z1L6**

TITLE ☐ DELETE

NAME **T SANCHEZ, DAN**

STREET ADDRESS **401 2ND AVENUE S., #110 FLOOR**

CITY-ST-ZIP **SEATTLE WA 98104**

TITLE ☐ DELETE

NAME **S PETERSON, NOEL**

STREET ADDRESS **7800 RIDGECREST**

CITY-ST-ZIP **ALEXANDRIA VA 22308**

TITLE ☒ DELETE

NAME **D HEYLBROECK, ALBERT**

STREET ADDRESS **5745 AUTEUIL**

CITY-ST-ZIP **BROSSARD, QUEBEC J4Z1M6**

TITLE ☐ DELETE

NAME **D MEE, THOMAS**

STREET ADDRESS **11350 MCCORMICK ROAD, #3200**

CITY-ST-ZIP **HUNT VALLEY MD 21031**

TITLE ☐ DELETE

NAME **D SCUNGIO, JOHN A**

STREET ADDRESS **995 ADMIRAL STREET**

CITY-ST-ZIP **PROVIDENCE RI 02940**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D Trottier Robert

81 Tadoussac

Amherst, Quebec Canada J95-2M9

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 1999 **407-658-0405**
Date Daytime Phone #

CR2E037 (11/98)