


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90091 042 ****70.00

DOCUMENT # N01000004413					
1. Entity Name DOCKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SAAVEDRA, PELOSI & GOODWIN 312 SOUTHEAST 17TH ST., SECOND FLOOR FORT LAUDERDALE, FL 33316			Mailing Address C/O SAAVEDRA, PELOSI & GOODWIN 312 SOUTHEAST 17TH ST., SECOND FLOOR FORT LAUDERDALE, FL 33316		
2. Principal Place of Business 1850 N DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address C/O R+R MANAGERS, INC Suite, Apt. #, etc. 2008 RIVERSIDE PL #15			
City & State FORT LAUDERDALE, FL		City & State WILTON MANORS, FL		4. FEI Number 65-1126445	
Zip 33305		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODWIN, ALLYSON D 312 SOUTHEAST 17TH STREET 2ND FLOOR FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name: RICHARD N. OBER Street Address (P.O. Box Number is Not Acceptable): 2000 RIVERSIDE PL #15 City: WILTON MANORS FL Zip Code: 33305		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Richard N. Ober</u> DATE: <u>4/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BLANTON, LANE STREET ADDRESS 312 SE 17TH STREET, 2ND FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete		TITLE DS NAME LESLIE HOLLINGSWORTH STREET ADDRESS 1844 N DIXIE HWY CITY-ST-ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME TREVINO, ROBERTA STREET ADDRESS 312 S.E. 17TH STREET, 2ND FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete		TITLE DP NAME ROBERTA TREVINO STREET ADDRESS 1848 N DIXIE HWY CITY-ST-ZIP FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RICHARDSON, ROBERTA STREET ADDRESS 312 S.E. 17TH STREET, 2ND FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete		TITLE DT NAME MICHAEL LACEY STREET ADDRESS 1836 N DIXIE HWY CITY-ST-ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ROBERTA TREVINO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/23/04</u> Daytime Phone #: <u>954-444-0230</u>		