

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 043 \*\*\*\*61.25

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<b>DOCUMENT # 763233</b> 1. Entity Name <b>WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHORES, INC.</b>					
Principal Place of Business <b>19925 GULF BLVD INDIAN SHORES, FL 33785 US</b>			Mailing Address <b>C/O RICHARD C COMMONS, P.A. 300 S DUNCAN AVE STE 2208 CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2371486</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AUSTIN, OWEN 19925 GULF BLVD # 507 INDIAN SHORES, FL 33785</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WILLIAMS, LINDA T</b>		NAME	<b>Costa, Mariagrace</b>	
STREET ADDRESS	<b>8916 EAGLE WATCH DR</b>		STREET ADDRESS	<b>1869 Castle Woods Dr</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP	<b>Clearwater, FL 33795</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AUSTIN, OWEN</b>		NAME		
STREET ADDRESS	<b>19925 GULF BLVD., 507</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZUCCOLO, LARRY</b>		NAME		
STREET ADDRESS	<b>7108 PELICAN ISLAND DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EGLESTON, JIM</b>		NAME		
STREET ADDRESS	<b>404 CHESTNUT ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIDLEY PARK, PA 19078</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHAPMAN, SUSANNE C</b>		NAME		
STREET ADDRESS	<b>19925 GULF BLVD. #105</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH, FL 33785</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: OWEN AUSTIN</b> <b>PRESIDENT</b> <b>3-1-2005-9663551</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					