

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 763233					
1. Entity Name WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHORES, INC.					
Principal Place of Business 19925 GULF BLVD INDIAN SHORES, FL 33785 US			Mailing Address C/O RICHARD C COMMONS, P.A. 300 S DUNCAN AVE STE 2208 CLEARWATER, FL 33755 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2371486	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AUSTIN, OWEN 19925 GULF BLVD # 507 INDIAN SHORES, FL 33785				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ DATE _____ <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, 2005			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	TD	<input checked="" type="checkbox"/> Delete		TITLE	T
NAME	WILLIAMS, LINDA T			NAME	Costa, Mariagrace
STREET ADDRESS	8916 EAGLE WATCH DR			STREET ADDRESS	1869 Castle Woods Dr
CITY-ST-ZIP	RIVERVIEW, FL 33569			CITY-ST-ZIP	Clearwater, FL 33795
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	AUSTIN, OWEN			NAME	
STREET ADDRESS	19925 GULF BLVD., 507			STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES, FL 33785			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	
NAME	ZUCCOLO, LARRY			NAME	
STREET ADDRESS	7108 PELICAN ISLAND DR			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	EGLESTON, JIM			NAME	
STREET ADDRESS	404 CHESTNUT ST.			STREET ADDRESS	
CITY-ST-ZIP	RIDLEY PARK, PA 19078			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	CHAPMAN, SUSANNE C			NAME	
STREET ADDRESS	19925 GULF BLVD. #105			STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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.					
SIGNATURE: <i>OWEN AUSTIN</i>				PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3-1-2005-9653551	

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02162005 Chg-NP CR2E037 (10/03)

FL Zip Code