

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90282 023 ****61.25

14011100



DOCUMENT # N22197 1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent ENCORG PROPERTY MANAGEMENT 75 GATLIN AVE., STE A ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCCAULEY, DONALD 2576 WOODGATE BLVD., #107 ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D Roberta Prusinski 2572 Woodgate Blvd. #102 Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCUNGIO, JOHN 995 ADMIRAL ST PROVIDENCE, RI 02940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rosa R Gonzalez 2560 Woodgate Blvd #101 Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHSTEIN, ERIC 761 PULASKI ROAD GREENLAWN, NY 11740	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, ISABEL 3508 WOODGATE BLVD # ORLANDO, FL 32822	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD ROTHSTEIN, CAROL 761 PULASKI RD GREENLAWN, NY 11740	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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>Isabel Torres - Secretary Feb. 9, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					