

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT# N01000004413

1. Entity Name  
DOCKSIDE VILLAGE HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
1850 N DIXIE HWY.  
FORT LAUDERDALE, FL 33305

Mailing Address  
C/O ALL FLORIDA MANAGEMENT SERVICES  
1971 W. MCNAB ROAD, SUITE #2  
POMPAÑO BEACH, FL 33069



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1126445

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOULD, JOEL L  
1971 W. MCNAB ROAD  
SUITE #2  
POMPAÑO BEACH, FL 33069

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000787253  
01/17/08-80073-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREER, GARRY R  
STREET ADDRESS 1842 N DIXIE HWY.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE VD  
NAME MICHAEL, CHRISTOPHER  
STREET ADDRESS 1846 N DIXIE HWY.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE STD  
NAME ALLEN, THADDEUS R  
STREET ADDRESS 1848 DIXIE HWY  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Thaddeus R Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2008

Date

754-917-4441

Daytime Phone #