
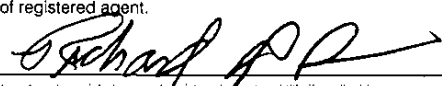
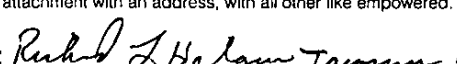


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90062 030 \*\*\*\*61.25

<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 2208B CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business - No P.O. Box #		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  <b>AUSTIN, OWEN 19925 GULF BLVD # 507 INDIAN SHORES, FL 33785</b>				7. Name and Address of New Registered Agent Name: <b>Commons, Richard</b> Street Address (P.O. Box Number is Not Acceptable): <b>300 S. Duncan Ave.</b> <b>Suite # 2208</b> City: <b>Clearwater</b> <b>FL</b> Zip Code: <b>33755</b>	
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:  <span style="float: right;">4/4/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HILGERS, RICHARD L 6065 HIGH POINTE RD SHOREWOOD, MN 55331</b> <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	<b>P ZUCCOLO, LARRY 7108 PELICAN ISLAND DR TAMPA, FL 33634</b> <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	<b>D EGLESTON, JIM 404 CHESTNUT ST. RIDLEY PARK, PA 19078</b> <input checked="" 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	<b>S LESCANO, JAVIER 440 W DAVIS BLVD TAMPA, FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Lescano, Javier 440 West Davis Blvd. Tampa, FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP JACKSON, JAMES J 19925 GULF BLVD #403 INDIAN SHORES, FL 33785</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP Jackson, James J. 19925 Gulf Blvd. #403 Indian Shores, FL 33785</b> <input checked="" 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	<b>S Austin, Barbara 19925 Gulf Blvd #507 Indian Shores, FL 33785</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>  <b>RICHARD L. HILGERS 4/8/08</b> <span style="float: right;">952-474-5322</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					