

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004413

FILED
Apr 30, 2009
Secretary of State

Entity Name: DOCKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1850 N DIXIE HWY.
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1126445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREER, GARRY R
Address: 1842 N DIXIE HWY.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VD () Delete
Name: MICHAEL, CHRISTOPHER
Address: 1846 N DIXIE HWY.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: STD () Delete
Name: ALLEN, THADDEUS R
Address: 1848 DIXIE HWY
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HOLLINGSWORTH, LESLIE
Address: 1844 N DIXIE HWY.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY GREER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date