

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763233

**Entity Name:** WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHORES, INC.

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC7608232057**

**Current Principal Place of Business:**

19925 GULF BLVD  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

C/O RICHARD C COMMONS. P.A.  
901 N HERCULES AVENUE SUITE A  
CLEARWATER, FL 33765 US

**FEI Number: 59-2371486**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMONS, RICHARD CP A  
901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name HILGERS, RICHARD L  
Address 6065 HIGH POINTE RD  
City-State-Zip: SHOREWOOD MN 55331

Title PRESIDENT  
Name ALTOMARE, JOHN  
Address 19225 GULF BLVD., #506  
City-State-Zip: INDIAN SHORES FL 33785

Title VP  
Name WEGNER, BRIAN  
Address 31633 S RIVER ROAD  
City-State-Zip: HARRISON TOWNSHIP MI 48045

Title TREASURER  
Name DUDLEY, GABRIELLE  
Address 19925 GULF BLVD #402  
City-State-Zip: INDIAN SHORES FL 33785

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN ALTOMARE**

**PRESIDENT**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date