FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724238 (1)

1. Corporation Name

WATERSIDE WOOD NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
611 TREMONT ST. SARASOTA FL 34242 US	611 TREMONT ST. SARASOTA FL 34242 US

3. Date Incorporated or Qualified: 08/30/1972
3a. Date of Last Report: 04/27/1994
4. FEI Number: 23-7296233 — Applied For ☐ Not Applicable ☐
5. Certificate of [illegible] — $8.75 Additional

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBBS, JEAN O.
611 TREMONT ST.
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D.	☒ Change ☐ Addition
NAME	HOLM, VELMO	1.2 NAME	BLAUW, HARTMUT	
STREET ADDRESS	4502 WOODSIDE	1.3 STREET ADDRESS	607 TREMONT ST.	
CITY-ST-ZIP	SARASOTA, FL 0	1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDRASI, GEORGE	2.2 NAME		
STREET ADDRESS	600 MANGROVE POINT ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	D.	☐ Change ☒ Addition
NAME	DAVIS, EMILY	3.2 NAME	FOSTER, PHILIP	
STREET ADDRESS	620 MANGROVE	3.3 STREET ADDRESS	4520 WOODSIDE RD.	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	4.1 TITLE	D.	☒ Change ☐ Addition
NAME	BROWN, GERTRUDE	4.2 NAME	MONTEBRONE, ROBERTA	
STREET ADDRESS	4568 WOODSIDE	4.3 STREET ADDRESS	619 TREMONT ST.	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	5.1 TITLE	D.	☒ Change ☐ Addition
NAME	JORGENSON, ARNIE	5.2 NAME	WOOLLEY, MARIE	
STREET ADDRESS	4538 WOODSIDE ROAD	5.3 STREET ADDRESS	601 LOTUS LANE	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	ST	6.1 TITLE		☐ Change ☐ Addition
NAME	GIBBS, JEAN O.	6.2 NAME		
STREET ADDRESS	611 TREMONT ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean O. Gibbs April 25, 95 (813) 349-8734
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone
JEAN O. GIBBS

000300