

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **724238** (1)  
1. Corporation Name  
**WATERSIDE WOOD NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business <b>611 TREMONT ST. SARASOTA FL 34242 US</b>	Mailing Address <b>611 TREMONT ST. SARASOTA FL 34242-1211 US</b>
--	---

3. Date Incorporated or Qualified <b>08/30/1972</b>	3a. Date of Last Report <b>03/18/1996</b>
--	--

2. Principal Place of Business <b>21 4581 HIGEL AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 4581 HIGEL AVENUE</b> Suite, Apt. #, etc.
22 City & State <b>SARASOTA, FL</b>	27 City & State <b>SARASOTA, FL</b>
23 Zip <b>34242</b>	25 Country <b>USA</b>
24 Zip <b>34242</b>	30 Country <b>USA</b>

4. FEI Number <b>23-7298233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>NANCY O'NEIL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4581 HIGEL AVENUE</b>
83
84 City <b>SARASOTA</b>
85 Zip Code <b>FL 34242</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Nancy O'Neil* **NANCY O'NEIL, SECRETARY/TREASURER** 1/15/97  
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BLAUW, HARTMUT</b>	
STREET ADDRESS <b>607 TREMONT STREET</b>	
CITY-ST-ZIP <b>SARASOTA, FL 0</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ANDRASI, GEORGE</b>	
STREET ADDRESS <b>600 MANGROVE POINT ROAD</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FOSTER, PHILIP</b>	
STREET ADDRESS <b>4520 WOODSIDE ROAD</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MONTELEONE, ROBERT A</b>	
STREET ADDRESS <b>619 TREMONT STREET</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WOOLLEY, MARIE</b>	
STREET ADDRESS <b>601 LOTUS LANE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GIBBS, JEAN O.</b>	
STREET ADDRESS <b>611 TREMONT ST.</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>BROWN, CLAYTON D.</b>	
1.3 STREET ADDRESS <b>4556 WOODSIDE ROAD</b>	
1.4 CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
2.1 TITLE <b>S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>O'NEIL, NANCY</b>	
2.3 STREET ADDRESS <b>4581 HIGEL AVENUE</b>	
2.4 CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DAVIS, LOUIS</b>	
3.3 STREET ADDRESS <b>620 MANGROVE POINT ROAD</b>	
3.4 CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>DEVINE, EDWARD</b>	
4.3 STREET ADDRESS <b>4514 WOODSIDE ROAD</b>	
4.4 CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>COLLINS, WAYNE</b>	
5.3 STREET ADDRESS <b>4568 WOODSIDE ROAD</b>	
5.4 CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>HAUSER, THOMAS</b>	
6.3 STREET ADDRESS <b>601 LOTUS LANE</b>	
6.4 CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	

14. I do hereby certify that the information supplied with this filing 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: *Nancy O'Neil* **NANCY O'NEIL** 1/15/97 941-346-1727  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083703

CR2E037 (9/96)