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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724238

1. Corporation Name

WATERSIDE WOOD NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

4581 HIGEL AVE
SARASOTA FL 34242
US

Mailing Address

4581 HIGEL AVE
SARASOTA FL 34242
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 612, LOTUS LANE	26 612, LOTUS LANE	08/30/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7298233
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 SARASOTA, FL	28 SARASOTA, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	Trust Fund Contribution
24 34242 25 SARASOTA	29 34242 30 SARASOTA	

9. Name and Address of Current Registered Agent

O'NEIL, NANCY
4581 HIGEL AVE
SARASOTA FL 34242

RACE, KAREN
612, LOTUS LANE

10. Name and Address of New Registered Agent

81 Name **RACE, KAREN**
82 Street Address (P.O. Box Number is Not Acceptable)
612, LOTUS LANE
83
84 City **SARASOTA** FL 85 Zip Code **34242**

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 **Karen A. Race** SECRETARY **KAREN RACE** JANUARY 13TH 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLAYTON D.	1.2 NAME	HAUSER, THOMAS
STREET ADDRESS	4556 WOODSIDE RD	1.3 STREET ADDRESS	601, LOTUS LANE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEIL, NANCY	2.2 NAME	RACE, KAREN
STREET ADDRESS	4581 HIGEL AVE	2.3 STREET ADDRESS	612, LOTUS LANE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, LOUIS	3.2 NAME	REDELL, DORIS
STREET ADDRESS	620 MANGROVE PT RD	3.3 STREET ADDRESS	616, MANGROVE POINT ROAD
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTELEONE, ROBERT A	4.2 NAME	MOLLOY, NEIL
STREET ADDRESS	619 TREMONT STREET	4.3 STREET ADDRESS	4502, WOODSIDE ROAD,
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, WAYNE	5.2 NAME	MONTELEONE, JOHN
STREET ADDRESS	4568 WOODSIDE RD	5.3 STREET ADDRESS	619, TREMONT STREET
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HAUSER, THOMAS	6.2 NAME	
STREET ADDRESS	601 LOTUS LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **Karen A. Race** SECRETARY JANUARY 13TH 1999 941-349-7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)