

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90150 027 \*\*\*\*61.25

**DOCUMENT # 724238**  
 1. Entity Name  
**WATERSIDE WOOD NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 612 LOTUS LANE                      612 LOTUS LANE  
 SARASOTA FL 34242                  SARASOTA FL 34242-1210  
 US    US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

4. FEI Number      Applied For  
**23-7298233**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RACE, KAREN**  
**612 LOTUS LANE**  
**SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, HAUSER	
STREET ADDRESS	601 LOTUS LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	V	<input type="checkbox"/> Delete
NAME	RACE, KAREN	
STREET ADDRESS	612 LOTUS LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REDELL, DORIS	
STREET ADDRESS	616 MANGROVE PTE RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEIL, MOLLY	
STREET ADDRESS	4502 WOODSIDE RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTELEONE, JOHN	
STREET ADDRESS	619 TREMONT ST	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAUSER, THOMAS	
STREET ADDRESS	601 LOTUS LN	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, WAYNE	
STREET ADDRESS	4568, WOODSIDE ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, LOU	
STREET ADDRESS	620, MANGROVE POINT ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINELLI, FRANK	
STREET ADDRESS	4508, WOODSIDE ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACE, KAREN	
STREET ADDRESS	612, LOTUS LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. RACE      FEB. 14th 2000 941 349 7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)