

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724238

FILED
May 05, 2005
Secretary of State

Entity Name: WATERSIDE WOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

605 LOTUS LANE
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

605 LOTUS LANE
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 23-7298233 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SKOPP, FRED
605 LOTUS LANE
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKOPP, FRED
Address: 605 LOTUS LN
City-St-Zip: SARASOTA, FL 34242

Title: V () Delete
Name: MARTINELLI, FRANK
Address: 4508 WOODSIDE ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: BAUMANN, ARACELI
Address: 4562 WOODSIDE RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: DEVINE, EDWARD
Address: 4514 WOODSIDE RD
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: SKOPP, TULY
Address: 605 LOTUS LANE
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: SAMUELSON, DEAN
Address: 4520 WOODSIDE ROAD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRED SKOPP

P

05/05/2005

Electronic Signature of Signing Officer or Director

Date