

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724238

FILED  
Jan 22, 2007  
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 ( )**

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

Title: V,D ( ) 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: O'BRIEN, TOM  
Address: 4502 WOODSIDE RD  
City-St-Zip: SARASOTA, FL 34242

Title: T,D ( ) Delete  
Name: REDELL, LARRY  
Address: 616 MANGROVE POINT RD  
City-St-Zip: SARASOTA, FL 34242

Title: S,D ( ) 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 Chapter 119, 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: FS

P

01/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date