

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728469

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** WATERSIDE-EAST NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

570 COMMONWEALTH PLACE  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5291  
SARASOTA, FL 34277 US

**New Mailing Address:**

**FEI Number:** 23-7375303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHELL, JAMES M  
538 VENICE 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: SEC ( ) Delete  
Name: MORIN, MARK  
Address: 539 COMMONWEALTH LANE  
City-St-Zip: SARASOTA, FL 34242

Title: PRES ( ) Delete  
Name: SCHELL, JAMES  
Address: 538 VENICE LANE  
City-St-Zip: SARASOTA, FL 34242

Title: DIR ( ) Delete  
Name: STOUT, ROBERT  
Address: 570 COMMONWEALTH PL.  
City-St-Zip: SARASOTA, FL 34242

Title: TREA ( ) Delete  
Name: CRISTALDI, ANNAMARIE  
Address: 631 VENICE LANE  
City-St-Zip: SARASOTA, FL

Title: DIR ( ) Delete  
Name: KURT, KORNHAUS  
Address: 560 COMMONWEALTH PLACE  
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: VP (X) Change ( ) Addition  
Name: CRISTALDI, ANNAMARIE  
Address: 631 VENICE LANE  
City-St-Zip: SARASOTA, FL

Title: TREA (X) Change ( ) Addition  
Name: KEITH, BOYLE  
Address: 575 COMMONWEALTH PLACE  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M. SCHELL

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date