2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742377

FILED Apr 03, 2007 Secretary of State

Entity Name: WATERSIDE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
2328 S C	ONGRESS AVE				
SUITE 10	C ALM BEACH, FL	33406			
Current M	Mailing Addres	S:	New Mailing A	ddress:	
SUITE 10	ONGRESS AVE C ALM BEACH, FL				
	r: 59-2104496	FEI Number Applied For()	FEI Number Not Applicable	e () Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:	
860 US H SUITE 10	LD HILLEY, P.A. IIGHWAY ONE 18 PALM BEACH, F				
	e named entity s te of Florida.	ubmits this statement for the p	urpose of changing its re	gistered office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	RS AND DIRECT	TORS:	ADDITIONS/CI	HANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CAR, WILLIAM 2461 WATERSI	DE CIRCLE	Address: 246	(X) Change () Addition RR, WILLIAM J 1 WATERSIDE CIRCLE E WORTH, FL 33461	
Γitle: Name: Address: City-St-Zip:	TUOZZO, ANTH 2390 WATERSI	DE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	EDMUNDS, MAF 2488 WATERSI	DE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
			Title: Name: Address:	() Change () Addition	
Name: Address:	PETERSON, CH 2470 WATERSI LAKE WORTH,		City-St-Zip:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	2470 WATERSI LAKE WORTH, D () TAUMAN, JOEL 2470 WATERSI	FL 33461 Delete DE CIRCLE		()Change()Addition	

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: WILLIAM J CARR PD 04/03/2007