

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751353

FILED  
Feb 13, 2011  
Secretary of State

**Entity Name:** WATERSIDE WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

420 TUDOR DR.  
UNIT B3  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

3039 SW 27TH PL  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 59-1996945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRIKER, SUSAN  
3039 SW 27TH PL  
CAPE CORAL, FL 33914 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: D  
Name: CARRIKER, SUSAN  
Address: 3039 SW 27TH PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: DV  
Name: SCHMID, FRANZ  
Address: 420 TUDOR DR., A6  
City-St-Zip: CAPE CORAL, FL 33904

Title: DS  
Name: BOYCE, RICHARD  
Address: 492 KEENAN CT  
City-St-Zip: FORT MYERS, FL 33919

Title: DT  
Name: CARRIKER, CLAY  
Address: 416 TUDOR DR., B3  
City-St-Zip: CAPE CORAL, FL 33904

Title: DP  
Name: DIANE, BOYCE  
Address: 416 TUDOR DR., B4  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: SUSAN CARRIKER

D

02/13/2011

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

\_\_\_\_\_  
Date