

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 APR 13 PM 3:07

DOCUMENT # 754785 (4)
 1. Corporation Name
 BENEVA WOODS WATERSIDE ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O ROBERT M WILSON 5429 BENEVA WOODS WAY SARASOTA FL 34233-2328
 C/O ROBERT M WILSON 5429 BENEVA WOODS WAY SARASOTA FL 34233-2328

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 10/23/1980
 3a. Date of Last Report 03/31/1994
 4. FEI Number 65-0275425
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
 WILSON, ROBERT M
 5429 BENEVA WOODS WAY
 SARASOTA FL 34233

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SANDERS, PATRICK E.
STREET ADDRESS	5525 BENEVA WOODS CRCL.
CITY - ST - ZIP	SARASOTA FL
TITLE	ST
NAME	WILSON, SANDRA L
STREET ADDRESS	5429 BENEVA WOODS CIR
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	MARTIN, JOHN
STREET ADDRESS	5497 VENEVA WOODS CIR
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	ONIKI, STEVEN
STREET ADDRESS	5469 BENEVA WOODS WAY
CITY - ST - ZIP	SARASOTA FL
TITLE	PD
NAME	WILSON, ROBERT M
STREET ADDRESS	5429 BENEVA WOODS WAY
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Wilson* 4/6/95 (813)923-3959
 ROBERT M. WILSON