


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90041 044 \*\*\*\*61.25

<b>DOCUMENT # 757306</b> 1. Entity Name <b>DOCKSIDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4321 COUNTRY CLUB BLVD., BOX 2 CAPE CORAL, FL 33904</b>			Mailing Address <b>4321 COUNTRY CLUB BLVD., BOX 2 CAPE CORAL, FL 33904</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>40 Professionally Yours, Inc.</b> Suite, Apt. #, etc. <b>P.O. Box 100831</b> City & State <b>Cape Coral, FL</b> Zip <b>33910</b>		Country <b>USA</b>	
4. FEI Number <b>65-0205622</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TEAGUE, GEORGE</b> <b>PROFESSIONALLY YOURS, INC.</b> <b>1342 SE 46TH LANE</b> <b>CAPE CORAL, FL 33910</b>			7. Name and Address of New Registered Agent Name <b>George Teague</b> Street Address <b>Professionally Yours, Inc.</b> <b>8270 College Pkwy. #103</b> City <b>Ft. Myers, FL 33919</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE <b>3-10-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>AIELLO, ANTHONY</b> <b>80 KELVIN AVE</b> <b>STATEN ISLAND, NY 10306</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DAVID RHINEHART</b> <b>4321 COUNTRY CLUB BLVD # 202</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>MENDELSON, JUNE E.</b> <b>4321 COUNTRY CLUB BL #105</b> <b>CAPE CORAL, FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GALLAGHER, HELEN</b> <b>4321 COUNTRY CLUB BLVD., #205</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>June E. Mendelson D.T.D.</i></u> <b>March 25 2005</b> <b>(939) 945-7733</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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