


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90027 021 \*\*\*\*61.25

<b>DOCUMENT # 759508</b>					
1. Entity Name <b>46 DOCKSIDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1220 S.E. 46TH STREET UNIT 109 CAPE CORAL FL 33904</b>			Mailing Address <b>1220 S.E. 46TH STREET UNIT 109 CAPE CORAL FL 33904</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2650364</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOTT, RONALD 1220 SE 46TH ST UNIT 109 CAPE CORAL FL 33904</b>			Name <b>ARTHUR DESROSIERS</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>1220 S.E. 46TH STREET, UNIT 112</b>		
			City <b>CAPE CORAL</b> FL <b>33904</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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROHAN, JAMES</b>	<input type="checkbox"/>	NAME		
STREET ADDRESS	<b>1220 SE 46TH ST 104</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOTT, RONALD</b>	<input type="checkbox"/>	NAME		
STREET ADDRESS	<b>1220 SE 46TH ST #109</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GUESS, JOHN</b>	<input type="checkbox"/>	NAME		
STREET ADDRESS	<b>1220 S.E. 46TH ST, # 108</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>STINGONE, ANTHONY</b>		NAME	<b>FARANO, FLORENCE V</b>	
STREET ADDRESS	<b>1220 SE 46TH ST 111</b>		STREET ADDRESS	<b>1220 S.E. 46TH STREET #105</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DESROSIERS, ARTHUR</b>	<input type="checkbox"/>	NAME		
STREET ADDRESS	<b>1220 SE 46TH ST 112</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILLESPIE, EVERETT</b>	<input type="checkbox"/>	NAME		
STREET ADDRESS	<b>1220 SE 46TH ST 102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

**SIGNATURE:** \_\_\_\_\_

**3 MARCH 2008**