

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90014 026 ****61.25

DOCUMENT # 763233

1. Entity Name
**WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN
SHORES, INC.**



Principal Place of Business
**19925 GULF BLVD
INDIAN SHORES, FL 33785 US**

Mailing Address
**C/O RICHARD C COMMONS, P.A.
300 S DUNCAN AVE STE 2208
CLEARWATER, FL 33755 US**

2. Principal Place of Business

3. Mailing Address

C/O Richard C. Commons, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300 S. Duncan Ave., Ste 2208

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33755

US

02012006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2371486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, OWEN
19925 GULF BLVD
507
INDIAN SHORES, FL 33785**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T
NAME
COSTA, MARLAGRACE ☒ Delete
STREET ADDRESS
1869 CASTLE WOODS DR
CITY-ST-ZIP
CLEARWATER, FL 33795

PD
NAME
AUSTIN, OWEN ☐ Delete
STREET ADDRESS
19925 GULF BLVD., 507
CITY-ST-ZIP
INDIAN SHORES, FL 33785

VP
NAME
ZUCCOLO, LARRY- ☐ Delete
STREET ADDRESS
7108 PELICAN ISLAND DR
CITY-ST-ZIP
TAMPA, FL 33634

D
NAME
EGLESTON, JIM ☐ Delete
STREET ADDRESS
404 CHESTNUT ST.
CITY-ST-ZIP
RIDLEY PARK, PA 19078

SD
NAME
CHAPMAN, SUSANNE C ☒ Delete
STREET ADDRESS
19925 GULF BLVD. #105
CITY-ST-ZIP
INDIAN ROCKS BEACH, FL 33785

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

S
NAME
Javier Lescano ☐ Change ☒ Addition
STREET ADDRESS
440 W. Davis Blvd.
CITY-ST-ZIP
Tampa, FL 33606

T
NAME
Richard L. Hilgers ☐ Change ☒ Addition
STREET ADDRESS
6065 High Pointe Rd.
CITY-ST-ZIP
Shorewood, MN 55331

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #