

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90032 035 ****70.00

DOCUMENT # 766525

1. Entity Name
DOCKSIDE OWNERS ASSOCIATION, INC.



Principal Place of Business
**8526 LYDIA LANE
#3
PANAMA CITY BEACH, FL 32408**

Mailing Address
**8526 LYDIA LANE
#3
PANAMA CITY BEACH, FL 32408**



01072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 00-0000000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STREMAKI, KENNETH R
8526 LYDIA LANE #3
PANAMA CITY BEACH, FL 32408**

(STREMSKI)

**DO NOT WRITE
IN THIS SPACE**

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

TREASURE

(NOTE: Registered Agent signature required when reinstating)

3/5/2004

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOVRE, HOWARD PO BOX 2123 DOTHAN, AL 36302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STREMSKI, KENNETH R 8526 LYDIA LANE #3 PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NISSEN, MATTHEW JULIE WILBY PO BOX 9281 4519 FOREST CR. CT. PANAMA CITY BCH, FL 32417 SUGAR, HILL, GA 30518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EB COOPER, JOHN PO BOX 7264 PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EB GROOM, MIKE 8526 LYDIA LANE #4 PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH R. STREMSKI

TREASURE

MAR 5, 2004

Date

Daytime Phone #

850-234-1079