2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766525

FILED Feb 14, 2008 Secretary of State

Entity Name: DOCKSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8526 LYDIA LANE

#1

PANAMA CITY BEACH, FL 32408

Current Mailing Address: New Mailing Address:

8526 LYDIA LANE

#1

PANAMA CITY BEACH, FL 32408

FEI Number: 74-3089480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NISSEN, FRANCIS NISSEN, MATTHEW J 8526 LYDIA LANE 8526 LYDIA LANE

PANAMA CITY BEACH, FL 32408 US UNIT-1

PANAMA CITY BEACH, FL 32408 US

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.

City-St-Zip:

SIGNATURE: MATTHEW J NISSEN 02/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MONTGOMERY, AL 36116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 WILEY, JULIE
 Name:
 GRAY, LEROY

 Address:
 4519 FORREST CREEK
 Address:
 8526 LYDIA LN

City-St-Zip: SUAGR HILL, GA 30518 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TS () Delete Title: TS (X) Change () Addition Name: NISSEN, FRANCES Name: NISSEN, MATTHEW J

Address: 8526 LYDIA LANE SUITE 1 Address: 8526 LYDIA LANE SUITE 1
City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY, FL 32408

Title: S () Delete Title: EB (X) Change () Addition

 Name:
 WILEY, JULIE
 Name:
 STREMSKI, KEN

 Address:
 4519 FORREST CR. CT.
 Address:
 8526 LYDIA LANE #4

City-St-Zip: BUFORD, GA 30518 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: EB () Delete Title: () Change () Addition Name: BROWN, WILLIAM Name: Address: 5737 TROY HIGHWAY Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MATTHEW J NISSEN SEC 02/14/2008