

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766599

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** DOCKSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6410 LAKE CHARIE NE LN  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

6410 LAKE CHARIE NE LN  
PENSACOLA, FL 32506 US

**New Mailing Address:**

**FEI Number:** 59-2342590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOCCANFUSO, ANTHONY ROBERT  
4504 TWIN OAKS DR. #101  
PENSACOLA, FL 32506 US

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

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** IZATT, JAMES  
**Address:** 15 16300 PERDICKEY DR  
**City-St-Zip:** PENSACOLA, FL 32507

**Title:** SD  
**Name:** CASSARA, BARBARA  
**Address:** 8805 JERMITAGE PL  
**City-St-Zip:** RIVER ROUGE, LA 70123

**Title:** TD  
**Name:** BARRON, WILLARD D.  
**Address:** 6410 LAKE CHARLENE LN  
**City-St-Zip:** PENSACOLA, FL

I hereby 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 all other like empowered.

**SIGNATURE:** WILLARD D. BARRON

TREA

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date