

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90283 004 ****61.25

DOCUMENT # N00665			
1. Entity Name WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.			
Principal Place of Business 3300 UNIVERSITY DR 405 CORAL SPRINGS, FL 33065 US		Mailing Address 3300 UNIVERSITY DR 405 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 1784 W. Sample Rd Suite, Apt. #, etc.		3. Mailing Address 1784 W. Sample Rd Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065		Zip 33065	
County		County	
4. FEI Number 59-2554873		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 UNITED COMMUNITY MANAGEMENT CORP 3300 UNIVERSITY DR 405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: United Community Mgmt Corp. Street Address (P.O. Box Number is Not Acceptable): 1784 W. Sample Road Coral Springs FL 33065	
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: Renee Kottaras VP Finance United Comm Mgmt 3/1/05 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD CAMPBELL, ANDREA 15813 W WATERSIDE CIRCLE SUNRISE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	VPD STEINBUCK, HARRYETTE 15705 W. WATERSIDE CIR. SUNRISE, FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MESA, OMAR 15813 W. WATERSIDE CIR #105 SUNRISE, FL 33326	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD SHAPILLO, STEPHEN 15813 W WATERSIDE CIRCLE SURFSIDE, FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD BODTKE, PAULINE 15705 W. WATERSIDE CIR #106 SUNRISE, FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Renee Kottaras 15813 W. Waterside Circle #206 Sunrise, FL 33326
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: <u>Candice Campbell as Pres.</u>		Date: <u>3-21-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

