


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90040 040 ****61.25

DOCUMENT # N00665

1. Entity Name
WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065 US

Mailing Address
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065 US

40057211



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2554873

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MANAGEMENT CORP
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, ANDREA	
STREET ADDRESS	15813 W WATERSIDE CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEINBUCK, HARRYETTE	
STREET ADDRESS	15705 W. WATERSIDE CIR.	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHAPILLO, STEPHEN	
STREET ADDRESS	15813 W WATERSIDE CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BODTKE, PAULINE	
STREET ADDRESS	15705 W. WATERSIDE CIR #106	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHAZEE, MONAWARD	
STREET ADDRESS	15813 W WATERSIDE CIR 206	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cifarelli, Elicia	
STREET ADDRESS	15813 West Waterside Circle	
CITY-ST-ZIP	SUNRISE, FL 33326 #101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrea Campbell, h3 Pres. **4-5-07** **752-8119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #