

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003683

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** WATERSIDE BUSINESS CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2441 US HWY 98 E  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 998  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** 59-3732616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDIMAN, MICHAEL L  
2441 HWY. 98 E., #105  
SANTA ROSA BEACH, FL 32459 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 ( ) Delete  
Name: HARDIMAN, MICHAEL L  
Address: 2441 US HWY 98 E #105  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD ( ) Delete  
Name: RATCLIFF, ROBERT C  
Address: 2441 US HWY 98 E #107  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: PORATH, SHANNON  
Address: 2441 US HWY 98E #108  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MICHAEL HARDIMAN

PD

04/14/2009

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

\_\_\_\_\_  
Date