


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004413

1. Entity Name
 DOCKSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1850 N DIXIE HWY.
 FORT LAUDERDALE, FL 33305

Mailing Address
 C/O ALL FLORIDA MANAGEMENT SERVICES
 1971 W. MCNAB ROAD, SUITE #2
 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-1126445

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOULD, JOEL L
 1971 W. MCNAB ROAD
 SUITE #2
 POMPANO BEACH, FL 33069

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000787253
 01/17/08-80073-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREER, GARRY R
STREET ADDRESS	1842 N DIXIE HWY.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	VD
NAME	MICHAEL, CHRISTOPHER
STREET ADDRESS	1846 N DIXIE HWY.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	STD
NAME	ALLEN, THADDEUS R
STREET ADDRESS	1848 DIXIE HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Thaddeus R Allen* 1/8/2008 754-917-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #