
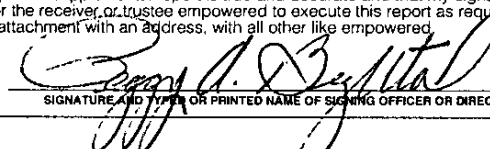


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90033 027 ****61.25

DOCUMENT # N02000000719					
1. Entity Name RIVERWALK AT WATERSIDE ISLAND TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 311 PARK PLACE BLVD SUITE 525 #190 CLEARWATER, FL 33759			Mailing Address 311 PARK PLACE BLVD SUITE 525 #190 CLEARWATER, FL 33759		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 600			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J PENNINGTON, MOORE, WOLKINSON 2701 N ROCKY POINT DR #930 TAMPA, FL 33607					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BEGHTOL, PEGGY <input type="checkbox"/> Delete 311 PARK PLACE BLVD SUITE 225 CLEARWATER, FL 33759				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CLAYTOR, GLENN A <input type="checkbox"/> Delete 311 PARK PLACE BLVD #190 CLEARWATER, FL 33759				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VALENTI, BETTY <input checked="" type="checkbox"/> Delete 4902 EISENHOWER BLVD #380 TAMPA, FL 33634				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peggy Beghtol 311 Park Place Blvd., Suite 500 Clearwater, FL 33759				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dusty Eichholt (V) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4902 Eisenhower Blvd., Suite 380 Tampa, FL 33634				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/7/05 Daytime Phone # 727 791-2113					