## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # N0200002180  1. Entity Name WATERSIDE CLUB   AT HERITAGE OAK PARK  9					04-30-2004 90262 022 ****61.25			
	TION, INC.	Orac Practice					*****	
Principal Place of Business 19350 QUESADA AVE PT CHARLOTTE, FL 33948  Mailing Address 19350 QUESADA AVE PT CHARLOTTE, FL 33948						340	176129	
	ace of Business	3. Mailing Address						
		Suite, Apt. #, etc.			04142004 CI	ha ND CE	20E027 (10/02)	
unit #	<del></del>	City & State			4. FEI Number	hg-NP CF	R2E037 (10/03)	plied For
Port Charlotte, FI					65-091583	35	No	t Applicable
3.3949	3 U.S.	Zip	Country		5. Certificate of St	tatus Desired	3 <b>\$8.75</b> Add	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Add	ress of New Regist	tered Agent	
SEIDER, V				4-1 /5	O Double of size	N-1 A		
200 S ORANGE AVE SARASOTA, FL. 34236			Street A	reet Address (P.O. Box Number is Not Acceptable)				
	<u>:</u>		City				<b>F</b> ∎ Zip Code	
The above named entity submits this statement for the purpose of changing its registered of					depost as beth in	the State of Florida	<u>rl</u>	
	ions of registered agent.	the purpose of changing its i	egistereu omce o	r regisiere	ed agent, or both, in	the State of Florida.	i am iamiliar with,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)		DATE	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	- Make	check payable to Department of St	1
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	- Make	check payable to Department of St	ate
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12. I hereby certify that the information supplied with this filling 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:

Milton - Dewey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

625 7274 Daytime Phone #