

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90220 033 ****61.25

DOCUMENT # N02000002180

1. Entity Name
**WATERSIDE CLUB | AT HERITAGE OAK PARK
ASSOCIATION, INC.**



Principal Place of Business
**19325 WATER OAK DRIVE UNIT #101
PORT CHARLOTTE, FL 33948**

Mailing Address
**19325 WATER OAK DRIVE UNIT #101
PORT CHARLOTTE, FL 33948**

50052068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082005

Chg-NP

CR2E037 (10/03)

4. FEI Number
22-3883862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEIDER, WILLIAM M
200 S ORANGE AVE
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **REWOW, MILTON**
STREET ADDRESS **19325 WATER OAK DRIVE #101**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE ☐ Change ☐ Addition
NAME **REWOW** please correct spelling
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MCINTYRE, JULIA**
STREET ADDRESS **19335 WATER OAK DRIVE #204**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BURTON, NEVA**
STREET ADDRESS **19335 WATER OAK DRIVE #103**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Edgar Oliver**
STREET ADDRESS **19335 Water Oak Drive #208**
CITY-ST-ZIP **Port Charlotte FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Bryon Catlin**
STREET ADDRESS **19325 Water Oak Drive #208**
CITY-ST-ZIP **Port Charlotte FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Julia McIntyre **Julia McIntyre**

4-28-2005

941-255-9462
260-312-6282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #