2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 05-01-2007 90007 025 ****61.25 DOCUMENT # N02000002953 WATERSIDE V AT BAY BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 308 4137 BAY BEACH LN FT. MYERS BEACH, FL 33931 OFFICE FORT MYERS BEACH, FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4137 Bay Bouch Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 57-1144015 Applied For City & State Ft. Myers Boach Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired -3393 Lee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBOEST II, RICHARD D ESQ Street Address (P.O. Box Number is Not Acceptable) 1415 HENDRY STREET FT. MYERS, FL 33901 City 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) DATE Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Y** Delete TITLE ☐ Change Addition TITLE Edward Lowbard PILTZ, RICHARD NAME NAME Bay Beachlane #541 E-5110 INTERLACHEN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ELEVA, WI 54738** TITLE ☐ Delete TITLE Change ☐ Addition C. THOMAS LAMBERT 4137 BAY BEACH LU., #556 LAMBERT, THOMAS C NAME NAME 616 COPLEY PLACE STREET ADDRESS STREET ADDRESS FT. WRENS BEACH, FL 3393 CITY-ST-ZIP INDIANAPOLIS, IN 46290 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE KIM KI-HAN Mughn Nickel NAME NAME STREET ADDRESS 4137 BAY BEACH LANE, #551 STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH, FL 33931 CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE eonard Wychock 137 Bay Beach NAME HAWKS, EDDIE NAME 4137 BAY BEACH LANE, #525 STREET ADDRESS STREET ADDRESS FT MYERS BEACH, FL 33931 CITY-ST-7P CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME ALEXANDER, STEPHEN NAME 13622 HERITAGE VALLEY WAY STREET ADDRESS STREET ADDRESS GAINESVILLE, VA 20155 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 anothat 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 Jis 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 impowered.

FILED

Date

Daytime Phone

May 01, 2007 8:00 am