



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006231 1. Entity Name WATERSIDE CLUB GARAGES AT HERITAGE OAK PARK ASSOCIATION, INC.				FILED 05 NOV -7 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 19350 QUESADA AVE PORT CHARLOTTE, FL 33948		Mailing Address 19350 QUESADA AVE PORT CHARLOTTE, FL 33948			
2. Principal Place of Business 19335 WATER OAK DR G-103		3. Mailing Address 19335 WATER OAK DR G-103			
Suite, Apt. #, etc. G-103		Suite, Apt. #, etc. G-103			
City & State PORT CHARLOTTE, FLORIDA		City & State PORT CHARLOTTE FL		4. FEI Number 20-0010040	
Zip 33948		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President <input checked="" type="checkbox"/> Delete PALMER, PHILIP J 26212 MADRAS CT CHARLOTTE HARBOR, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT E. BURTON - Pres. Port <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19335 WATER OAK DR, G103 PORT CHARLOTTE, FL, 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice Pres. <input checked="" type="checkbox"/> Delete PALMER, KATHLEEN 26212 MADRAS CT CHARLOTTE HARBOR, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Horton - Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19335 WATER OAK DR, G103 PORT CHARLOTTE, FL-33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Office Treas. <input checked="" type="checkbox"/> Delete INABNITT, TONY 19350 QUESADA AVE PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deeph Sholtz - Sec. Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15314 Water Oak Dr 206 PORT CHARLOTTE, FL. 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061222219 11/08/05--01002--010 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: Robert E. Burton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/2/05 941-627-3977 <small>Date Daytime Phone #</small>		