


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90382 034 ****61.25

DOCUMENT # N02000006231			
1. Entity Name WATERSIDE CLUB GARAGES AT HERITAGE OAK PARK ASSOCIATION, INC.			
Principal Place of Business 19335 WAER OAK DR G-103 PORT CHARLOTTE, FL 33948		Mailing Address 19335 WAER OAK DR G-103 PORT CHARLOTTE, FL 33948	
2. Principal Place of Business 19325 WATER OAK DR Suite, Apt. #, etc. UNIT 208 City & State PORT CHARLOTTE FL Zip 33948 Country CHARLOTTE		3. Mailing Address 19325 WATER OAK DR Suite, Apt. #, etc. UNIT 208 City & State PORT CHARLOTTE FL Zip 33948 Country CHARLOTTE	
4. FEI Number 20-0010040		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 TERRY L. OWENS Street Address (P.O. Box Number is Not Acceptable) 19520 HERITAGE OAK BLVD. City PORT CHARLOTTE FL Zip Code 33948	
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 <u>Terry L. Owens</u> TERRY L. OWENS PROPERTY MGR. 4/20/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURTON, RONERT E 19335 WATER OAK DR. #G103 PORT CHARLOTTE, NC 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOZEFIAK, STANLEY 19365 WATER OAK DR PORT CHARLOTTE FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANITA CATLIN 19325 WATER OAK DR # 208 PORT CHARLOTTE FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206 PORT CHARLOTTE, FL 33940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, JOSEPH 19345 WATER OAK DR # 206 PORT CHARLOTTE FL 33948 <input checked="" 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
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 exemptions contained in Chapter 119, 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: <u>Joseph A. Schultz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-20-06 (941) 625-3895 Date Daytime Phone #	

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