


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000006231</b>	
1. Entity Name <b>WATERSIDE CLUB GARAGES AT HERITAGE OAK PARK ASSOCIATION, INC.</b>	

Principal Place of Business <b>19325 WATER OAK DR UNIT 208 PORT CHARLOTTE, FL 33948</b>	Mailing Address <b>19325 WATER OAK DR UNIT 208 PORT CHARLOTTE, FL 33948</b>
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03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0010040</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>OWENS, TERRY L 19520 HERITAGE OAK BLVD PORT CHARLOTTE, FL 33948</b>
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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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SCHULTZ, JOSEPH 19345 WATER OAK DRIVE UNIT 206 PORT CHARLOTTE, FL 33948</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST CATLIN, ANITA 19325 WATER OAK DR UNIT 208 PORT CHARLOTTE, FL 33948</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PHENIX, NORMAN 1278 WHITE OAK TRAIL PORT CHARLOTTE, FL 33948</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:** *Anita L. Catlin* **3/19/08** **(941) 625-3534**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #