## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006231

FILED Mar 25, 2009 Secretary of State

Entity Name: WATERSIDE CLUB GARAGES AT HERITAGE OAK PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

19325 WATER OAK DR UNIT 208 PORT CHARLOTTE, FL 33948 19520 HERITAGE OAK BLVD PORT CHARLOTTE, FL 33948

Current Mailing Address: New Mailing Address:

19325 WATER OAK DR UNIT 208 19520 HERITAGE OAK BLVD PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948

FEI Number: 20-0010040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWENS, TERRY L UEDING, KIM 19520 HERITAGE OAK BLVD 19520 HERITAGE OAK BLVD

PORT CHARLOTTE, FL 33948 US PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: KIM UEDING 03/25/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHULTZ, JOSEPH
 Name:

 Address:
 19345 WATER OAK DRIVE UNIT 206
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33948
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

Name: CATLIN, ANITA Name: BITGOOD, MARSHA

 Address:
 19325 WATER OAK DR UNIT 208
 Address:
 19345 WATER OAK DR UNIT 301

 City-St-Zip:
 PORT CHARLOTTE, FL 33948
 City-St-Zip:
 PORT CHARLOTTE, FL 33948

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

Name:PHENIX, NORMANName:PHENIX, NORMANAddress:1278 WHITE OAK TRAILAddress:1278 WHITE OAK TRAILCity-St-Zip:PORT CHARLOTTE, FL 33948City-St-Zip:PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SCHULTZ PRES 03/25/2009