

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90072 003 ****61.25

DOCUMENT # N02786					
1. Entity Name WATERMARK CONDOMINIUM ASSOCIATION, INC., OF ST. PETERSBURG					
Principal Place of Business % HOLIDAY ISLES PROP. MNGT. 7850 ULMERTON RD., STE. 2 LARGO, FL 34641-4057			Mailing Address % HOLIDAY ISLES PROP. MNGT. 7850 ULMERTON RD., STE. 2 LARGO, FL 34641-4057		
2. Principal Place of Business 11350 166th St N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas		3. Mailing Address 11350 166th St N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas			
4. FEI Number 59-2452632				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MANAGEMENT 7850 ULMERTON RD. #2 LARGO, FL 34641			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11350 166th St N Suite 124 City Largo FL Zip Code 33773		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	VO NECKERS, FRED 6805-E 16TH ST. NE SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD Dawne Lagergren 1631 Watermark Cir. NE St Petersburg, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EIBACH, BILL 6807-A 16TH ST NE SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRISCOLL, STEPHEN 6805-C 16TH ST NE SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD BRONSORD, EARL 1639 WATERMARK CIR NE SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDING, TERRY 6809-D 16TH ST NE SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>William Eibach</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/24/05 727-548-9402 Date Daytime Phone #		