

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90357 018 \*\*\*\*61.25

<b>DOCUMENT # N03000001754</b>					
<b>1. Entity Name</b> WEST PRESERVE AT WATERSIDE VILLAGE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 722 SHAMROCK BLVD. VENICE, FL 34293			<b>Mailing Address</b> 722 SHAMROCK BLVD. VENICE, FL 34293		
<b>2. Principal Place of Business</b> 530 US 41 Bypass S Suite, Apt. #, etc. 183		<b>3. Mailing Address</b> P.O. Box 595 Suite, Apt. #, etc.			
<b>City &amp; State</b> Venice, FL		<b>City &amp; State</b> Venice, FL		<b>4. FEI Number</b> 65-1180566	
<b>Zip</b> 34292		<b>Country</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> O'GRADY, CYNTHIA 3380 RUSTIC RD NOKAMIS, FL 34278			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> OLSON, VIRGINIA <b>STREET ADDRESS</b> 722 SHAMROCK BLVD. <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> ABBOTT, VAUGHAN <b>STREET ADDRESS</b> 306 LYNBROOK CIR. UNIT 103 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> HOLMES, MARILYN <b>STREET ADDRESS</b> 308 LYNBROOK CIR <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> BONEAU, RON <b>STREET ADDRESS</b> 310 LYNBROOK CIR. UNIT 201 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> LACONI, ALICE <b>STREET ADDRESS</b> 722 SHAMROCK BLVD <b>CITY-ST-ZIP</b> VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> TASHMAN, VELMA <b>STREET ADDRESS</b> 308 LYNBROOK CIR UNIT 102 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Velma Tashman</u> <u>04/01/06 941-412-1666</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					