

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006393

FILED  
Feb 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

19520 HERITAGE OAK BLVD  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19520 HERITAGE OAK BLVD  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 20-0441304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCINTYRE, JULIA  
19520 HERITAGE OAK BLVD  
PORT CHARLOTTE, FL 33948 US

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

BITGOOD, BRIAN  
19520 HERITAGE OAK BLVD  
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: BRIAN BITGOOD

02/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCINTYRE, JULIA  
Address: 19345 WATER OAK DRIVE #201  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD ( ) Delete  
Name: SCHULTZ, THERESE  
Address: 19345 WATER OAK DR #206  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete  
Name: GUISKI, JANET  
Address: 19345 WATER OAK DR #101  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BITGOOD, BRIAN  
Address: 19345 WATER OAK DRIVE #301  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD (X) Change ( ) Addition  
Name: SCHULTZ, THERESE  
Address: 19345 WATER OAK DR #206  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD (X) Change ( ) Addition  
Name: GUISKI, JANET  
Address: 19345 WATER OAK DR #101  
City-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: BRIAN BITGOOD

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date