

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 035 ****61.25

DOCUMENT # N03423					
1. Entity Name SOUTH WATERFRONT PARK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 234 EDGEWATER, FL 32132			Mailing Address P.O. BOX 234 EDGEWATER, FL 32132		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2701170				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 JONES, KENNETH 160 CHARLES STREET EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME HUGHES, JOE STREET ADDRESS 149 LEWIS STREET CITY-ST-ZIP EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete		TITLE PD NAME August Alombar STREET ADDRESS 114 Douglas St CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SMITH, PATRICIA STREET ADDRESS 114 LEWIS STREET CITY-ST-ZIP EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Betty Van Belder STREET ADDRESS 185 LEWIS ST CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME HALEY, SANDRA STREET ADDRESS 189 LEWIS STREET CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE VD NAME ALLAN NEJAME STREET ADDRESS 173 Douglas St CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME TERRY, MARGARET STREET ADDRESS 164 LEWIS STREET CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE SD NAME TERRY, MARGARET STREET ADDRESS 164 LEWIS STREET CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia G. Smith</i> (PATRICIA G. SMITH)			4/30/06 386-345-4414		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		