

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-04-2006 90247 032 ****61.25

DOCUMENT # N04000007345 1. Entity Name WATERSIDE CLUB III AT HERITAGE OAK PARK ASSOCIATION, INC.					
Principal Place of Business 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614			Mailing Address 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614		
2. Principal Place of Business PO Box 380758		3. Mailing Address PO Box 380758			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Murdoch FL		City & State Murdoch FL		4. FEI Number 20-1549321	
Zip 33938		Country US		Applied For ☐ Not Applicable	
Zip 33938		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZETTA & COMPANY, INC. 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Kristine Wishard Street Address (P.O. Box Number is Not Acceptable) 23081 Harborview Rd City Port Charlotte FL Zip Code 33980	
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 <u><i>Kristine Wishard</i></u> <u><i>Kristine Wishard</i></u> <u><i>5/21/06</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 P NAME GOODROW, DEONNE STREET ADDRESS 19365 WATER OAK DRIVE, #108 CITY-ST-ZIP PORT CHARLOTTE, FL 33948	☐ Delete		TITLE VP NAME Pamela Hershey STREET ADDRESS 19365 Water Oak Dr # J304 CITY-ST-ZIP Port Charlotte FL 33948	☐ Change ☒ Addition	
TITLE VP NAME PAGLIA, DAN STREET ADDRESS 19365 WATER OAK DRIVE, #305 CITY-ST-ZIP PORT CHARLOTTE, FL 33948	☒ Delete		TITLE S/T NAME Tom Saxton STREET ADDRESS 19365 Water Oak Dr # J106 CITY-ST-ZIP Port Charlotte FL 33948	☐ Change ☒ Addition	
TITLE S/T NAME WYLD, C W STREET ADDRESS 19365 WATER OAK DRIVE, #102 CITY-ST-ZIP PORT CHARLOTTE, FL 33948	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME JOZEFIK, STAN STREET ADDRESS 19365 WATER OAK DRIVE, #103 CITY-ST-ZIP PORT CHARLOTTE, FL 33948	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE P NAME VOIGT, MIKE STREET ADDRESS 19365 WATER OAK DRIVE, #107 CITY-ST-ZIP PORT CHARLOTTE, FL 33948	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Deanne H Goodrow</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>4-14-06</i></u> <u><i>941-255-0072</i></u> Date Daytime Phone #		