

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007345

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 20-1549321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PORT CHARLOTTE, FL 33983 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODROW, DEANNE
Address: 19365 WATER OAK DRIVE, #108
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: STD () Delete
Name: HERSHEY, PAMELA
Address: 19365 WATER OAK DRIVE SUITE J304
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD () Delete
Name: SAXTON, TOM
Address: 19365 WATER OAK DRIVE SUITE J106
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: O'DONNELL, PATRICK
Address: 19365 WATER OAK DRIVE, #103
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD (X) Delete
Name: VOIGT, MIKE
Address: 19365 WATER OAK DRIVE, #107
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODROW, DEANNE
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: STD (X) Change () Addition
Name: HERSHEY, PAMELA
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change () Addition
Name: SAXTON, TOM
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D (X) Change () Addition
Name: O'DONNELL, PATRICK
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEONNE GOODROW

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date