

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010545

FILED
Feb 17, 2009
Secretary of State

Entity Name: CONDOMINIUMS AT WATERSIDE VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2827 JOAN AVE.,
SUITE B
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

2827 JOAN AVE.,
SUITE B
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 20-4893383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DERRICK ESQ
101 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MILAM, DAVID
1414 COUNTY HIGHWAY 283 SOUTH, SUITE B
SANTA ROSA BEACH, FL 32459 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: DAVID MILAM

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLSON, RICK
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

Title: VPD () Delete
Name: PHILLIPS, RUPERT
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: HOWELL, SHANNON
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

Title: S (X) Delete
Name: HOWELL, WADE
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VOSHALL, STEVE
Address: 6230 WESTCHESTER PLACE
City-St-Zip: CUMMING, GA 30040

Title: VPD (X) Change () Addition
Name: SEILER, WAYNE
Address: 107 N. 32ND STREET
City-St-Zip: MEXICO BEACH, FL 32456

Title: STD (X) Change () Addition
Name: PRINCE-PERRY, LINDA
Address: 39 CHOCTAW LANE
City-St-Zip: BYRON, GA 31008

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: TINA CAMPBELL

MGR

02/17/2009

Electronic Signature of Signing Officer or Director

Date