


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90180 024 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N05000011345</b><br>1. Entity Name<br>WATERSIDE MARINA ASSOCIATION, INC.   |   |   |  |   |  |
| Principal Place of Business<br>109 S. 6TH ST.<br>200<br>FLAGLER BEACH, FL 32136  |   |   | Mailing Address<br>P.O. BOX 353187<br>PALM COAST, FL 32135 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |  |  |
| City & State   |   |   | City & State   |  |  |
| Zip  |   | Country   |  | Zip  |  |
|  |   |   |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br><br>CHIUMENTO, MICHAEL D III<br>4 OLD KINGS ROAD NORTH<br>SUITE B<br>PALM COAST, FL 32137   |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>CROCETTA, BOB<br>114 CLUBHOUSE DR. #206<br>PALM COAST, FL 32137   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPD<br>ZITO, MARIANNE<br>1272 GRANBROOK CIRCLE<br>AURORA, IL 60504      | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>LIBRIZZI, JOSEPH<br>102 CLUBHOUSE DR #308<br>PALM COAST FL 32137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STD<br>MICCICHE, RICK<br>114 CLUBHOUSE DR. #205<br>PALM COAST, FL 32137 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SA<br>STEGER, PAMELA<br>104 CLUBHOUSE DR #210<br>PALM COAST FL 32137   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>THALER, RON<br>2841 NW 58TH AVE<br>GAINESVILLE FL 32606          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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, 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>Robert P. Gault</u> <span style="float: right;">4/19/07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |  |  |