2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000011345

Entity Name: WATERSIDE MARINA ASSOCIATION, INC.

Current Principal Place of Business:

109 S. 6TH ST.
200
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353187
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 20-4577161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTINE AND CHRISTINE, P.A.
28 CORDOVA ST
ST AUGUSTINE, FL 32084 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: CROCETTA, BOB
Address: 114 CLUBHOUSE DR. #206
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete
Name: LIBRIZZI, JOSEPH
Address: 102 CLUE HOUSE DR 308
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete
Name: SEIGER, PAMELA
Address: 104 CLUB HOUSE DR 210
City-St-Zip: PALM COAST, FL 32137

Title: TD ( ) Delete
Name: THALER, RON
Address: 2841 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BOB CROCETTA P 04/28/2009

Electronic Signature of Signing Officer or Director — Date