

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012018

FILED
Feb 28, 2006
Secretary of State

Entity Name: WATERSIDE AT COQUINA KEY NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 14-1942629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER 3 AT INTERNATIONAL PLAZA
4221 W BOY SCOUT BLVD - STE 1000
TAMPA, FL 336075737 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

02/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DISSTON, GEOFF
Address: 4927 COBIA DR
City-St-Zip: ST PETERSBURG, FL 33705

Title: VPD () Delete
Name: BERGER, GREG
Address: 4927 COBIA DR
City-St-Zip: ST PETERSBURG, FL 33705

Title: STD () Delete
Name: WALKER, ALEXANDER D III
Address: 4927 COBIA DR
City-St-Zip: ST PETERSBURG, FL 33705

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEOFF DISSTON

PD

02/28/2006

Electronic Signature of Signing Officer or Director

Date