
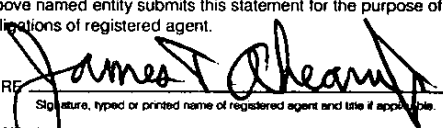
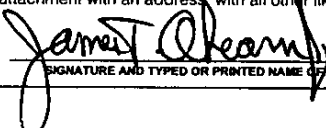


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90112 048 ****61.25

DOCUMENT # N08029 1. Entity Name DOCK SIDE 31 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3030 S ATLANTIC AVE 101 COCOA BCH, FL 32931 US			Mailing Address 3030 S. ATLANTIC AVE. 101 COCOA BCH, FL 32931 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AHEARN, ALICIA 3030 S ATLANTIC AVE # 102 COCOA BEACH, FL 32931				Name JAMES T. AHEARN Street Address (P.O. Box Number is Not Acceptable) 3030 S. ATLANTIC AVE #102 City Cocoa Beach FL Zip Code 32931	
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VESTER, JANE 3030 S ATLANTIC AVE 102 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES T. Ahearn Jr 3030 S. ATLANTIC AVE #102 Cocoa Beach FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TULINO, SAMANTHA 3030 S ATLANTIC AVE # 202 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOGE BONNETTI 3030 S. ATLANTIC AVE # 103 COCOA BEACH FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AHEARN, ALICIA 3030 S ATLANTIC AVE # 102 COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVID VESTER 3030 S. ATLANTIC AVE # 101 COCOA BEACH FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 or 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES T. AHEARN JR					
Date 3/24/06 Daytime Phone # 321-799-0104					