


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90063 030 \*\*\*\*61.25

<b>DOCUMENT # N08029</b>		
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
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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

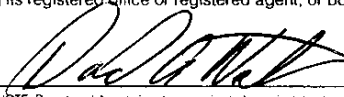


01072008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  AHEARN, JAMES T 3030 S ATLANTIC AVE # 102 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name <b>DAVID A. VESTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3030 S. ATLANTIC AVE #101</b> City <b>COCOA BEACH</b> FL Zip Code <b>32931</b>	
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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 **DAVID A. VESTER DST**  **1-8-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AHEARN, JAMES T 3030 S ATLANTIC AVE., #102 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BONNETTI, JORGE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3030 S. ATLANTIC AVE #103</b> <b>COCOA BEACH FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BONNETTI, JORGE 3030 S ATLANTIC AVE., #103 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>Ahearn, James T.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3030 S. ATLANTIC AVE #102</b> <b>COCOA BEACH FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>ESTER, DAVID VESTER</b> <input type="checkbox"/> Delete 3030 S ATLANTIC AVE., #101 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VESTER, DAVID</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>15 YPO?</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  **DAVID A. VESTER DST** **1-8-08** **321-506-1853**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #