2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09129

Apr 27, 2006 Secretary of State

Entity Name: THE WATERSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6015 MORROW ST E SUITE 107

JACKSONVILLE, FL 32217

New Mailing Address: Current Mailing Address:

6015 MORROW ST., E. SUITE 107

JACKSONVILLE, FL 32217 US

FEI Number: 59-2676160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BANNING MANAGEMENT INC. 6015 MORROW ST.,E. SUITE 107 JACKSONVILLE, FL 32217 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:

City-St-Zip:

Date

City-St-Zip:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32216

() Delete (X) Change () Addition ARNAIZ, ANNA L ARNAIZ, ANNA L Name: Name:

1909 UNIVERSITY BLVD, #506 Address: 1909 UNIVERSITY BLVD, #506 Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete Title: () Change () Addition ROSE, JOSEPH Name: Name:

Address: 1909 UNIV. BLVD. #604 Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

Title: () Delete Title: PD (X) Change () Addition

ARMSTRONG, SHANNON SHEPPARD, SHANNON Name: Name: 1909 UNIV. BLVD, #806 1909 UNIV. BLVD, #806 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete Title: STD (X) Change () Addition Name: SHUBERT, JUDITH Name: SHUBERT, JUDITH 1909 UNIVERSITY BLVD S #302 1909 UNIVERSITY BLVD S #302 Address: Address:

Title: Title: (X) Change () Addition

() Delete STROMBERG, PAUL STROMBERG, PAUL Name: Name:

1909 UNIVERSITY BLVD S # 505 1909 UNIVERSITY BLVD S # 505 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

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: SHANNON SHEPPARD PD 04/27/2006

Electronic Signature of Signing Officer or Director

Date