2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N09129

Entity Name: THE WATERSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST., E.
SUITE 107
JACKSONVILLE, FL 32217 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC.
6015 MORROW ST.,E.
SUITE 107
JACKSONVILLE, FL 32217 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: D (X) Delete
Name: ARNAIZ, ANNA L
Address: 1909 UNIVERSITY BLVD, #506
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD ( ) Delete
Name: ROSE, JOSEPH
Address: 1909 UNIV. BLVD, #604
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD ( ) Delete
Name: SHEPPARD, SHANNON
Address: 1909 UNIV. BLVD, #806
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD ( ) Delete
Name: SHUBERT, JUDITH
Address: 1909 UNIVERSITY BLVD S #302
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: STROMBERG, PAUL
Address: 1909 UNIVERSITY BLVD S # 505
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: SHEPPARD, SHANNON PD 04/29/2007

Electronic Signature of Signing Officer or Director Date