

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09129

FILED
Apr 29, 2008
Secretary of State

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: 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PAUL, STROMBERG
Address: 1909 UNIV. BLVD, #505
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR () Change (X) Addition
Name: ROSE, JOE
Address: 1909 UNIVERSITY BLVD S #604
City-St-Zip: JACKSONVILLE, FL 32216

Title: DR () Change (X) Addition
Name: BARNETT, JUDY
Address: 1909 UNIVERDITY BLVD S #708
City-St-Zip: JACKSONVILLE, FL 32216

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: SHANNON SHEPHARD

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date