2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N10340

Entity Name: WATERSIDE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

7294 EAST BANK DRIVE
TAMPA, FL 33617 US

Current Mailing Address:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

P.O. BOX 291877
TAMPA, FL 33687-187 US

FEI Number: 59-2574471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE, ANTONIO I
11959 NORTH FLORIDA AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

CONNELL, LINDA T
P.O. BOX 291877
TAMPA, FL 33617 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: LINDA T. CONNELL 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VELENTI, BETTY
Address: 4902 EISENHOWER BLVD, STE 289
City-St-Zip: TAMPA, FL 33634

Title: STD ( ) Delete
Name: CLAYTOR, GLENN
Address: 311 PARK PLACE BLVD., STE. 210
City-St-Zip: CLEARWATER, FL 33759

Title: VPD ( ) Delete
Name: KNIGHT, JOHN
Address: 7218 EAST BANK DRIVE
City-St-Zip: TAMPA, FL 33617

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY VALENTI PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date