

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10340

FILED
Jul 05, 2005
Secretary of State

Entity Name: WATERSIDE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7294 EAST BANK DRIVE
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291877
TAMPA, FL 33687 US

New Mailing Address:

FEI Number: 59-2574471 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNELL, LINDA T
P.O. BOX 291877
TAMPA, FL 33617 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: 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: PD (X) Change () Addition
Name: KOUWENHOVEN, BILL
Address: 600 N. WESTSHORE BLVD SUITE 400
City-St-Zip: TAMPA, FL 33609

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: LINDA T CONNELL

MGR

07/05/2005

Electronic Signature of Signing Officer or Director

Date