


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90027 025 \*\*\*\*61.25

<b>DOCUMENT # N10340</b>	
1. Entity Name <b>WATERSIDE COMMUNITY ASSOCIATION, INC.</b>	

Principal Place of Business <b>7294 EAST BANK DRIVE TAMPA, FL 33617 US</b>	Mailing Address <b>P.O. BOX 291877 TAMPA, FL 33687 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>16105 N. FLORIDA</b> Suite, Apt. #, etc. <b>SUITE A</b>
City & State	City & State <b>LUTZ FL</b>
Zip	Country <b>USA</b>

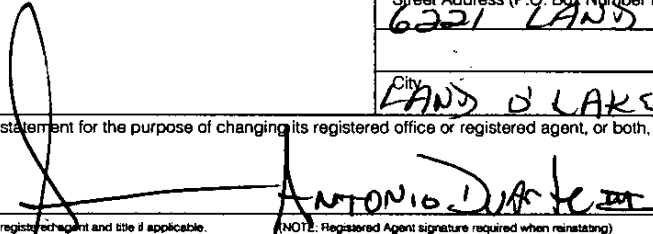
**60038529**



04262006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  <b>CONNELL, LINDA T P.O. BOX 291877 TAMPA, FL 33617</b>	
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7. Name and Address of New Registered Agent Name <b>ANTONIO DUARTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6221 LAND O LAKES BLVD</b> City <b>LAND O LAKES</b> FL Zip Code <b>334639</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE <b>8/17/06</b> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOUWENHOVEN, BILL 600 N. WESTSHORE BLVD SUITE 400 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLAYTOR, GLENN 311 PARK PLACE BLVD., STE. 210 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNIGHT, JOHN 7218 EAST BANK DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANNES JASPERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAWRENCE KEEFER <input type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>8/28/06</b> Date	Daytime Phone #
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