

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90254 006 ****61.25

DOCUMENT # N10340

1. Entity Name

WATERSIDE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US**

Mailing Address

**7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2574471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VELENTI, BETTY**
STREET ADDRESS **4902 EISENHOWER BLVD, STE 289**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **THOMPSON, CLAY I III**
STREET ADDRESS **311 PARK PLACE BLVD, STE 600**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☒ Addition
NAME **ST/D CLAYTOR, GLENN**
STREET ADDRESS **311 PARK PLACE BLVD., STE 210**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **D** ☐ Delete
NAME **KNIGHT, JOHN**
STREET ADDRESS **7218 EAST BANK DRIVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☒ Change ☐ Addition
NAME **VP/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Betty Valenti* **VELENTI** 4/10/03 813 901-5263

CR2E037 (10/02)