
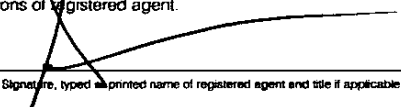
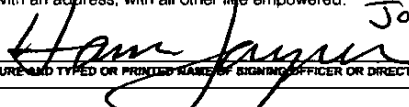


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90038 004 \*\*\*\*61.25

<b>DOCUMENT # N10494</b> 1. Entity Name <b>THE CONDOMINIUM ASSOCIATION OF WATERSIDE II, INC</b>			
Principal Place of Business <b>C/O VANGUARD MANAGEMENT 9300 N. 16TH STREET TAMPA, FL 33612 US</b>		Mailing Address <b>C/O VANGUARD MANAGEMENT 9300 N. 16TH STREET TAMPA, FL 33612 US</b>	
2. Principal Place of Business - No P.O. Box # <b>16105 N FLORIDA AVE</b>		3. Mailing Address <b>16105 N. Florida Ave</b>	
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc. <b>A</b>	
City & State <b>Lutz FL</b>		City & State <b>Lutz FL</b>	
Zip <b>33549</b>	Country <b>US</b>	Zip <b>33549</b>	Country <b>US</b>
4. FEI Number <b>59-2574473</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINFIELD, JANET 9300 N. 16 STREET TAMPA, FL 33612</b>		7. Name and Address of New Registered Agent Name <b>Antonia Duarte</b> Street Address (P.O. Box Number is Not Acceptable) <b>6321 Land O Lakes Blvd</b> City <b>Land O Lakes</b> <b>FL</b> Zip <b>34639</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <b>Antonia Duarte</b> <b>3/15/07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PD KEFFER, LAWRENCE P.O. BOX 292576 TAMPA, FL 33687</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>16105 N. FLORIDA #A LUTZ FL 33549</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>T HALKIAS, GEORGE 14004 MIDDLETON WAY TAMPA, FL 33642</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>S JASPERS, HANS 4132 DOLPIN DRIVE TAMPA, FL 33617</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>STD 16105 N. FLORIDA #A LUTZ FL 33549</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 live empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JOHANNES JASPERS</b> <b>3/13/07 813-265-9116</b> <small>Date Daytime Phone #</small>	