


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90009 024 \*\*\*\*61.25

**DOCUMENT # N11061**

1. Entity Name  
**THE CONDOMINIUM ASSOCIATION OF WATERSIDE III, INC.**



Principal Place of Business  
**7294 EAST BANK DRIVE  
 TAMPA, FL 33617 US**

Mailing Address  
**P.O. BOX 291877  
 TAMPA, FL 33687 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**16105 N FLORIDA AVE  
 SUITE A**

04262006 Chg-NP CR2E037 (11/05)

City & State  
**LUTZ FL**

Zip Country  
**33549 US**

4. FEI Number  
**59-2576688**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LINDA T. CONNELL  
 P.O. BOX 291877  
 TAMPA, FL 33687**

7. Name and Address of New Registered Agent

Name  
**ANTONIO DUARTE III**

Street Address (P.O. Box Number is Not Acceptable)  
**6221 LAND O LAKES BLVD**

City  
**LAND O LAKES FL**

Zip Code  
**34638**

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  DATE **7/10/06**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAT COLEMAN 7140 EAST BANK DRIVE TAMPA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAJANDER, ROBERT 6012 MURHCE RD. TAMPA, FL 336193826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, JOHN 7218 EAST BANK DRIVE TAMPA, FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOOTMAN, DAN P.O. BOX 37024 JACKSONVILLE, FL 32236	<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		<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBARDS, JAMES 16105 N. FLORIDA AVE, STE H LUTZ FL 33549	<input type="checkbox"/> Change <input checked="" 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:  DATE **JULY 26 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR