


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90168 021 ****61.25

DOCUMENT # N12874 1. Entity Name DOCKSIDE CONDOMINIUM OF MARCO ISLAND, INC.					
Principal Place of Business R & P PROPERTY MGMT 265 AIRPORT RD S. NAPLES, FL 34104			Mailing Address RESORT MNGEMENT 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RESORT MANAGEMENT 834 BALD EAGLE DR MARCO ISLAND, FL 34145				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VP/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, JAMES		NAME	Cataldi, Leroy	
STREET ADDRESS	2346 BUTTERNUT BEND		STREET ADDRESS	548 W. Elkcam Circle #209	
CITY-ST-ZIP	DAVIS ISLAND, FL 60109		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, ALVIN		NAME	Schirf, Ronald	
STREET ADDRESS	848 ELKHAM CIRCLE		STREET ADDRESS	P.O. Box 736	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Latrobe, PA 15650	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOVAN, KEN		NAME	Steven Rick	
STREET ADDRESS	848 W ELKCAM CIR #201		STREET ADDRESS	848 W. Elkcam Circle #402	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULY, PETER		NAME	Pauly, Peter	
STREET ADDRESS	848 W ELKCAM CIR, #311		STREET ADDRESS	848 W. Elkcam Circle #311	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENWORTHY, HARRY		NAME		
STREET ADDRESS	848 W ELKCAM CIR #401		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Frederick A. Oliver - Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/06 518 286-9357 <small>Daytime Phone #</small>		