FILE NOW: FILING FEE IS \$61.25

NONPROFIT * CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT#

111 N16799

DOCKSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.				(AFA: AR 20 (1210 6 +1 37410 18(18)	(B) A BEER BEER BEER BEER BEER BEER BEER BE	
Principal Place	of Business	Mailing Address		4 4844101 001 11810 BUIL 10218 18110	1911 A1611 61611 61611 61611 91911 61611 1861	
265 TAMIAMI TR PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950			50			
US		US		3. Date incorporated or Qualified	3a. Date of Last Report	
				09/15/1986	03/15/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2817226	Not Applicable	
22 27				5. Certificate of Status Desired	See Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	9. Name and Address of Curren	29	[30]		Yes No	
	9. Name and Address of Corren	t negistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
CDEENE	IOAN E					
GREENE, JOAN, F 265 TAMIAMI TR			82 Stree	Address (P.O. Box Number is Not Acceptable	9)	
			83			
1 Ollin	GO11671 7 E 00000					
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the purp	ose of changing its registered office	
familiar wi	th, and accept the obligations of, Secti	ia. Such change was authorize on 617.0503, Florida Statutes.	so by the corporation	s board of directors. I hereby accept the appoi	ntment as registered agent. I am	
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Agent signature	THE PROPERTY OF THE PARTY OF TH	DATE	
TITLE	SD OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE		
NAME	PADLELLA, FRANK	Doctor	1.2 NAME	•	Change Addition	
STREET ADDRESS	3920 BAL HARBOR BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-SF-ZIP			
TITLE	VPD	DELETE	2.1 TITLE		Change Addition	
NAME	SCHOON, GEORGE		2.2 NAME		_ · -	
STREET ADDRESS	3920 BAL HARBOR PLACE		2.3 STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL		2. 4 CITY-ST-ZIP			
TITLE	TD	DEFELE	3.1 TITLE		Change Addition	
NAME	STRONG, JAMES		3.2 NAME			
STREET ADDRESS	3920 BAL HARBOR PLACE		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PUNTA GORDA FL PD	DELETE	3.4. CITY - ST - ZIP	Pb	S Observed To Addition	
NAME	FRAZEE, GLENN	Moerete	4.1 TITLE	LES PAYUE	Change Addition	
STREET ADDRESS	3920 BAL HARBOR PLACE		4 2 NAME 4 3 STREET ADDRESS	SEHE RYAN COURT		
CITY-ST-ZIP	PUNTA GORDA FL		44 CITY-ST-ZIP	PHUTA GONA FI		
TITLE	D	DELETE	5 1 TITLE	5.5	Change Addition	
NAMÉ	TRUBE, BILL	_	5.2 NAME			
STREET ADDRESS	3920 BAL HARBOR PL		5 3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY - ST - ZIP	1		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition	
NAME:			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<u> </u>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this angual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #

CR2E037 (12/95)