

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90278 050 ****61.25

0061646

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16799

1. Corporation Name

DOCKSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

265 TAMiami TR
PUNTA GORDA FL 33950
US

Mailing Address

265 TAMiami TR
PUNTA GORDA FL 33950
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2817226

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, JOAN, F
265 TAMiami TR
PUNTA GORDA FL 33950

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE

NAME SCHOON, GEORGE

STREET ADDRESS 3920 BAL HARBOR PLACE, D-6

CITY-ST-ZIP PUNTA GORDA FL

TITLE TD ☐ DELETE

NAME STRONG, JAMES

STREET ADDRESS 3920 BAL HARBOR PLACE, B-2

CITY-ST-ZIP PUNTA GORDA FL

TITLE PD ☐ DELETE

NAME PAYNE, LES

STREET ADDRESS 2849 RYAN COURT

CITY-ST-ZIP PUNTA GORDA FL

TITLE SD ☐ DELETE

NAME TRUBE, BILL

STREET ADDRESS 3820 BAL HARBOR PLACE, C-8

CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)