2004 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

Mar 15, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N16799** 03-15-2004 90086 029 ****61.25 1. Entity Name DOCKSIDE VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 265 TAMIAMI TR 265 TAMIAMI TR 94029422 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US 2. Principal Place of Business 3. Mailing Address 100 SULLIVAN SZ Suite, Apt. #, etc. Suite, Apt. #, etc. 03072004 Cha-NP CR2E037 (10/03) ハン Applied For 4. FEI Number 59-2817226 City & State City & State FI GUEDA PUNTA Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 33950 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN GREENE, JOAN, F Street Address (P.O. Box Number is Not Acceptable) 265 TAMIAMI TR PUNTA GORDA, FL 33950 Zip Code 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 \$5.00 May Be Make check payable to Filing Fee Is \$61.25 9. Election Campaign Financing . 🗆 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Addition TITLE Change Delete SCHOON, GEORGE ANTHONY NAME PARR AZZÓ 3920 BAL HARBOR PLACE, D-6 STREET ADDRESS STREET ADORESS 3920 BAL Harbor Blud PUNTA GORDA, FL CITY-ST-ZIP 33950 PURTA GERDA ☐ Delete TITLE Change Addition STRONG, JAMES NAME HAME STREET ADDRESS 3920 BAL HARBOR PLACE, B-2 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-7IP X Addition TITLE ☐ Change Delete TITLE charles Sippel PAYNE, LES NAME NAME 239 BROCKSIDE DE 2849 RYAN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-ZIP Seasterville PA Addition ☐ Delete TITLE TRUSE BILL DAN LEATHER NAME NAME STREET ADORESS 3820 BAL HARBOR PLACE, C-8 STREET ADDRESS PUNTA GORDA, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), 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 expowered.

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