


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90023 021 \*\*\*\*61.25

<b>DOCUMENT # N16799</b> 1. Entity Name <b>DOCKSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>265 TAMiami TR PUNTA GORDA, FL 33950 US</b>			Mailing Address <b>100 SULLIVAN ST 112 PUNTA GORDA, FL 33950 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-2817226</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREENE, JOAN, F 100 SULLIVAN ST SUITE 112 PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name <b>Star Hospitality Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd #2</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
PD	PAOBELLA, FRANK	3920 BAL HARBOR BLVD. D4	PUNTA GORDA, FL 33950		
VP/D	TRUBE, BILL	3920 BAL HARBOR BLVD C8	PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	
ST	TRUTING, RAY	9 HOMESTEAD CT	EAST SIMSBURY, CT 06092	<input type="checkbox"/> Delete	
D	ANGELIN, POTER	3920 BAL HARBOR BLVD C7	PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
President	Peter Angelina	3920 BAL Harbor Blvd #C7	Punta Gorda, FL 33950		
Secretary	Edward Boudreau	3920 Bal Harbor Blvd # E1	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Treasurer	Ray Truting	3920 Bal Harbor Blvd # E2	Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Director	George Schoon	3920 Bal Harbor Blvd # D6	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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.					
<b>SIGNATURE:</b> <u>RAY TRUTING</u>				Date <u>7/3/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>860 618 5276</u> <u>941 637 5741</u>	