2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16799

1. Entity Name

DOCKSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED Mar 10, 2003 8:00 am § Secretary of State

03-10-2003 90185 027 ****61.25

							165									
Principal Place of Business 265 TAMIAMI TR PUNTA GORDA FL 33950 US			Mailing Address 265 TAMIAMI TR PUNTA GORDA FL 33950 US						(88 131 6)	IP 10 020 2 11	(ı 1 8918 14	NI - 1 - 1 - 1 - 1	Fil 81814 8181	l ålek bi	III 0:0 11 J001	
2. Principal Place of Business			3. Mailing Address													
Suite, Apr	t. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & State			City & State				4. FEI Number 59-				2817226 Applied For					\Box
Zip Country			Zip		Country			tificate of	Status	Desired			75 Ad		1	
6. Name and Address of Current F				egistered Agent					7. Name and Address of New Registered Agent							٦,
	-	·· .				Name		7, 1941	ile dila A	uuicaa	OI HEW	negiate	rea Agen			┨
Greene, Joan, F 265 Tamiami Tr Punta Gorda Fl 33950						Street Ad	ldress (F	s (P.O. Box Number is Not Acceptable)								
PUNIA	GUNDA FL 3	3950			-	City	.,						Ei Z	Zip Cod	e	$\left.\right $
P. The obay									-				r <u>ı</u>	•		╛
the obliga	e named entity itions of registe	submits this statement for red agent.	tne purpose	of changing its	registered	d office or i	registere	d agent,	or both,	in the S	tate of F	lorida. I	am famili	ar with,	and accept	
SIGNATURE	Signature, typed o	र printed name है। registered agent ar	nd title if applical	ple. (NOTE	: Registered A	Agent signatur	e required v	vhen reinsta	ting)			DA				
	FILE NOW:	FEE IS \$61.25		9. Election Cam Trust Fund Co				\$5.00 Added to	May Be				neck Par			
		- <u>-</u>								-	1 101	ida De	hai mici	11 01 0	naic	1
10.	OFFICERS AND DIRECTORS				11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							10	
TITLE NAME	VPD SCHOON, GEORGE			☐ Delete		TITLE								Change	☐ Addition	ŝ
STREET ADDRESS CITY-ST-ZIP		HARBOR PLACE, D-6			NAME STREET CITY - ST	ADDRESS T-ZIP										04/ /40
TITLE NAME	TD STRONG, J	AMES		Delete	TITLE NAME							<u> </u>		Change	☐ Addition	2 10 10 10
STREET ADDRESS CITY-ST-ZIP	PUNTA GO	IARBOR PLACE, B-2 RDA-FL	-	يب ⊈۔ من سيدي	STREET.	ADDRESS T-Zip•	بالمساد الرئمين					- 		•		
title Name	PD PAYNE, LES			☐ Delete	TITLE NAME									hange	Addition	
STREET ADDRESS CITY-ST-ZIP	2849 RYAN PUNTA GOI				STREET A	ADDRESS T-ZIP										
TITLE NAME	SD TRUBE, BIL		- "	☐ Delete	TITLE					-				hange	Addition	
STREET ADDRESS CITY-ST-ZIP	PUNTA GO	ARBOR PLACE, C-8 RDA FL			CITY-ST	ADDRESS I-ZIP										
fitle Name				☐ Delete	TITLE NAME								□ c	hange	Addition	
STREET ADDRESS CITY-ST-ZIP						ADDRESS 1-ZIP										
TITLE NAME	3-3-4			☐ Delete	TITLE NAME	1							C	hange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STREET A											
	ertify that the i	nformation supplied with th	de Cline de l		3111-31											

12. 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 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 truefee 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 the spring red.

SIGNATURE:

3-3-03