FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17719 (8)

1. Corporation Name

DOCKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
900 TRADEWINDS DRIVE INDIAN HARBOR BCH FL 32937	900 TRADEWINDS DRIVE INDIAN HARBOR BCH FL 32937

3. Date Incorporated or Qualified: 11/10/1986
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2776994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PHELPS, PAUL 705 TRADEWINDS DR INDIAN HARBOUR BEACH FL 32937	81 Name: Bob CANTILLO 82 Street Address (P.O. Box Number is Not Acceptable): 411 TRADEWINDS DR. 83 84 City: INDIAN HARBOR BCH FL 85 Zip Code: 32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert A Cantillo — Bob CANTILLO - VICE PRESIDENT 4/19/95
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	DD	1.1 TITLE	~~DD~~ V/P ☑ Change ☐ Addition
NAME	PHELPS, PAUL	1.2 NAME	BOB CANTILLO
STREET ADDRESS	705 TRADEWINDS DR	1.3 STREET ADDRESS	411 TRADEWINDS DR.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	KOYE, BILL	2.2 NAME	JUDY Smith
STREET ADDRESS	707 TRADEWINDS DR	2.3 STREET ADDRESS	511 TRADEWINDS DR.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	MCWILLIAMS, JOAN	3.2 NAME	SUZANNE Sobel
STREET ADDRESS	701 TRADEWINDS DR	3.3 STREET ADDRESS	405 TRADEWINDS DR.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	3.4 CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	BROWN, DORIS	4.2 NAME	CARL CARTER
STREET ADDRESS	802 TRADEWINDS DR	4.3 STREET ADDRESS	503 TRADEWINDS DR.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	4.4 CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	REES, MORRIE	5.2 NAME	Charlotte M. REES
STREET ADDRESS	607 TRADEWINDS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Robert A Cantillo — Bob Cantillo 4/19/95 407-777-5841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034183