

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17719 (8)

1. Corporation Name

DOCKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

900 TRADEWINDS DRIVE
INDIAN HARBOR BCH FL 32937

Mailing Address

900 TRADEWINDS DRIVE
INDIAN HARBOR BCH FL 32937

3. Date Incorporated or Qualified
11/10/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2776994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

BOB CANTILLO
411 TRADEWINDS DR.
INDIAN HARBOUR BEACH FL 32937

81 Name

JUDY SMITH

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

511 Tradewinds Dr

83

84 City

Indian Harbor Bch FL

85

Zip Code

32937

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

Judy Smith
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
BOB CANTILLO
411 TRADEWINDS DR.
INDIAN HARBOUR BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
JUDY SMITH
511 TRADEWINDS DR.
INDIAN HARBOUR BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
SUZANNE SOBEL
405 TRADEWINDS DR.
INDIAN HARBOUR BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
CARL CARTER
503 TRADEWINDS DR.
INDIAN HARBOUR BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CHARLOTTE M. REES
607 TRADEWINDS DRIVE
INDIAN HARBOUR BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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)(k), 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:

Carl Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

407-951-6080

Daytime Phone #

CR2E037 (12/95)