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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17719 (8)**

1. Corporation Name

DOCKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
900 TRADEWINDS DRIVE INDIAN HARBOR BCH FL 32937	900 TRADEWINDS DRIVE INDIAN HARBOR BCH FL 32937-5359

3. Date Incorporated or Qualified 11/10/1986	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2776994	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

**JUDY SMITH
511 TRADEWINDS DR
INDIAN HARBOUR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 - President* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.A. CATALANO	1.2 NAME	
STREET ADDRESS	301 TRADEWINDS DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY SMITH	2.2 NAME	
STREET ADDRESS	511 TRADEWINDS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SMITH	3.2 NAME	
STREET ADDRESS	108 TRADEWINDS DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL CARTER	4.2 NAME	
STREET ADDRESS	503 TRADEWINDS DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLOTTE M. REES	5.2 NAME	
STREET ADDRESS	607 TRADEWINDS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: *Judy Smith* DATE **3/11** 407-951-4391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)