

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N17719** (8)  
1. Corporation Name  
**DOCKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>900 TRADEWINDS DRIVE<br/>INDIAN HARBOR BCH FL 32937</b> | Mailing Address<br><b>900 TRADEWINDS DRIVE<br/>INDIAN HARBOR BCH FL 32937</b> |
|---|---|

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>11/10/1986</b> | 4. FEI Number<br><b>59-2776994</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |  |
|--|--|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>DVD</b> <input type="checkbox"/> DELETE           |
| NAME                       | <b>A.A. CATALANO</b>                                 |
| STREET ADDRESS             | <b>301 TRADEWINDS DR.</b>                            |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BEACH FL</b>                       |
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>JUDY SMITH</b>                                    |
| STREET ADDRESS             | <b>511 TRADEWINDS DR.</b>                            |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BEACH FL</b>                       |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             |
| NAME                       | <b>WILLIAM SMITH</b>                                 |
| STREET ADDRESS             | <b>108 TRADEWINDS DR.</b>                            |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BEACH FL</b>                       |
| TITLE                      | <b>TD</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>CARL CARTER</b>                                   |
| STREET ADDRESS             | <b>503 TRADEWINDS DR.</b>                            |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BEACH FL</b>                       |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME                       | <b>CHARLOTTE M. REES</b>                             |
| STREET ADDRESS             | <b>607 TRADEWINDS DRIVE</b>                          |
| CITY-ST-ZIP                | <b>INDIAN HARBOUR BEACH FL</b>                       |
| TITLE                      | <input type="checkbox"/> DELETE                      |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | <b>Donald Kane</b>  |
| 2.3 STREET ADDRESS                                    | <b>713 Tradewinds Dr.</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>Indian Harbour Beach, FL</b>   |
| 3.1 TITLE   | <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 3.2 NAME  | <b>Virginia Oehler</b>  |
| 3.3 STREET ADDRESS                                    | <b>201 Tradewinds Dr.</b>   |
| 3.4 CITY-ST-ZIP                                       | <b>Indian Harbour Beach, FL</b>   |
| 4.1 TITLE   | <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 4.2 NAME  | <b>Nancy Crawford</b>   |
| 4.3 STREET ADDRESS                                    | <b>100 Tradewinds Dr.</b>   |
| 4.4 CITY-ST-ZIP                                       | <b>Indian Harbour Bch., FL</b>  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. 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 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: \_\_\_\_\_ 2/26/98 467-777-2349

CFR2037 (10/97)