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**Mar 25, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N17719**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/10/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2776994	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

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	PD	1.1 TITLE	
NAME	A.A. CATALANO	1.2 NAME	DONALD KANG
STREET ADDRESS	301 TRADEWINDS DR.	1.3 STREET ADDRESS	713 TRADEWINDS DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937
TITLE	VPD	2.1 TITLE	
NAME	DANE, DONALD	2.2 NAME	CLYDE GOODE
STREET ADDRESS	713 TRADEWINDS DR	2.3 STREET ADDRESS	203 TRADEWINDS DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937
TITLE	D	3.1 TITLE	
NAME	WILLIAM SMITH	3.2 NAME	VIRGINIA DEHLER
STREET ADDRESS	108 TRADEWINDS DR.	3.3 STREET ADDRESS	201 TRADEWINDS DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	3.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937
TITLE	SD	4.1 TITLE	
NAME	OEHLER, VIRGINIA	4.2 NAME	HAROLD THOMPSON
STREET ADDRESS	201 TRADEWINDS DR	4.3 STREET ADDRESS	305 TRADEWINDS DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	4.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937
TITLE	TD	5.1 TITLE	
NAME	CRAWFORD, NANCY	5.2 NAME	JOHN TRASE
STREET ADDRESS	100 TRADEWINDS DR	5.3 STREET ADDRESS	609 TRADEWINDS DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	5.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other I am empowered.

SIGNATURE:

**SIGNATURE**

3/10/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)