

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17719

1. Entity 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 32937-5359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2776994

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDY SMITH

511 TRADEWINDS DR

INDIAN HARBOUR BEACH FL 32937

KANE, Charles

5340 N. Atlantic Ave

Cocoa Beach, FL

32931

Name-

Kane, Charles

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

5340 N. Atlantic Ave

City

Cocoa Beach

FL

32931

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KANE, DONALD	
STREET ADDRESS	713 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GOODE, CLYDE	
STREET ADDRESS	203 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	OEHLER, VIRGINIA	
STREET ADDRESS	201 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMPSON, HAROLD	
STREET ADDRESS	305 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRAISE, JOHN	
STREET ADDRESS	609 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D PHELPS, FRIDE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	705 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELLER, WILLIAM	
STREET ADDRESS	802 TRADEWINDS DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OEHLER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90063 043 ****61.25

629708



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)