

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90213 047 ****61.25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004 Chg-NP CR2E037 (10/03)

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

**HALL, LARRY
1617 COOLING AVE
MELBOURNE, FL 32935**

Name **SPACE COAST PROPERTY MANAGEMENT**
Street Address (P.O. Box Number is Not Acceptable)
1617 COOLING AVENUE
City **MELBOURNE** FL Zip Code **32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia Marrs - Cynthia Marrs 4/29/04
(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KNIGHT, MARIE**
STREET ADDRESS **607 TRADEWINDS DRIVE**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** ☒ Change ☐ Addition
NAME **JOE WALKER**
STREET ADDRESS **513 TRADEWINDS DRIVE**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE **SD** ☒ Delete
NAME **TRAISE, JOHN**
STREET ADDRESS **609 TRADEWINDS DRIVE**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE **SD** ☒ Change ☐ Addition
NAME **JOE GELHAUS**
STREET ADDRESS **802 TRADEWINDS DR.**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE **TD** ☐ Delete
NAME **OEHLER, VIRGINIA**
STREET ADDRESS **201 TRADEWINDS DR**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **TD** ☒ Change ☐ Addition
NAME **VIRGINIA OEHLER**
STREET ADDRESS **201 TRADEWINDS DR.**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE **PD** ☐ Delete
NAME **THOMPSON, HAROLD**
STREET ADDRESS **305 TRADEWINDS DRIVE**
CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **OLSON, DONALD**
STREET ADDRESS **401 TRADEWINDS DR**
CITY-ST-ZIP **INDIAN HARBOR BCH, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Virginia A. Oehler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

952-4205
Daytime Phone #

VIRGINIA A. OEHLER