


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90403 017 ****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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2776994	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Coastal Association Mgmt, Inc Street Address (P.O. Box Number is Not Acceptable) Patricia Palardy 3612 Crossbow Dr City Cocoa FL Zip Code 32926		
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 <u><i>Patricia A. Palardy</i></u> DATE <u>4-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOE 513 TRADEWINDS DRIVE INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO AL Fred Catalano 301 Tradewinds Dr Indian Harbour Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEHUAS, JOE 802 TRADEWINDS DRIVE INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul Phelps 705 Tradewinds Dr Indian Harbour Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OEHLER, VIRGINIA 201 TRADEWINDS DR INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, HAROLD 305 TRADEWINDS DRIVE INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLSON, DONALD 401 TRADEWINDS DR INDIAN HARBOR BCH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 or without the empowered.					
SIGNATURE: <u><i>Alfred Catalano</i></u> 7/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

14013662



04272005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

☐ \$8.75 Additional Fee Required

4. FEI Number
59-2776994

5. Certificate of Status Desired ☐

7. Name and Address of New Registered Agent
Name **Coastal Association Mgmt, Inc**
Street Address (P.O. Box Number is Not Acceptable) **Patricia Palardy**
3612 Crossbow Dr
City **Cocoa** FL Zip Code **32926**

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

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

NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GEHUAS, JOE
802 TRADEWINDS DRIVE
INDIAN HARBOR BEACH, FL 32937**

☐ Delete

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

☒ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
AL Fred Catalano
301 Tradewinds Dr
Indian Harbour Beach, FL 32937**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Paul Phelps
705 Tradewinds Dr
Indian Harbour Beach, FL 32937**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #