2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N17719

Entity Name: DOCKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

900 TRADEWINDS DRIVE
INDIAN HARBOR BCH, FL 32937

New Principal Place of Business:

Current Mailing Address:

900 TRADEWINDS DRIVE
INDIAN HARBOR BCH, FL 32937

New Mailing Address:

FEI Number: 59-2776994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS PROPERTY MANAGEMENT, INC
1694 TRIMBLE RD.
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	THOMPSON, HAROLD	
Address:	900 TRADEWINDS DRIVE	
City-St-Zip:	INDIAN HARBOR BEACH, FL 32937	
Title:	TR	( ) Delete
Name:	PHELPS, PAUL	
Address:	900 TRADEWINDS DR	
City-St-Zip:	INDIAN HARBOUR, FL 32937	
Title:	D	( ) Delete
Name:	GEORGE, ZOLL	
Address:	900 TRADEWINDS DRIVE	
City-St-Zip:	INDIAN HARBOUR BEACH, FL 32937	
Title:	D	( ) Delete
Name:	ROYCE, COLBY	
Address:	900 TRADEWINDS DR	
City-St-Zip:	INDIAN HARBOR BCH, FL 32937	
Title:	VP	( ) Delete
Name:	BOYD, RICHARD	
Address:	900 TRADEWINDS DR	
City-St-Zip:	INDIAN HARBOUR BCH, FL 32937	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD THOMPSON P 02/14/2009

Electronic Signature of Signing Officer or Director — Date