

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90098 025 \*\*\*\*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

**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

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

City

**FL**

Zip Code

**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

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing** ☐ **\$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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE **TD** ☒ Delete  
NAME **NETZLEY, SHARON**  
STREET ADDRESS **209 TRADESWIND DR**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Virginia Oehler**  
STREET ADDRESS **201 Tradewinds Drive**  
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **PD** ☐ Delete  
NAME **THOMPSON, HAROLD**  
STREET ADDRESS **305 TRADEWINDS DRIVE**  
CITY-ST-ZIP **INDIAN HARBOUR 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:**

**SIGNATURE REQUIRED**

4-9-03

CR2E037 (10/02)