


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90094 013 ****61.25

DOCUMENT # N29416

1. Entity Name
WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
**132 WATERSIDE DR.
 HYPOLUXO, FL 33462 US**

Mailing Address
**132 WATERSIDE DR.
 HYPOLUXO, FL 33462 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40022800



02272006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0118157

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUMONT, PIERRE
 531 WATERSIDE DR.
 HYPOLUXO, FL 33462**

7. Name and Address of New Registered Agent
 Name **Pamela B. Bampton**
 Street Address (P.O. Box Number is Not Acceptable)
132 Waterside Drive
 City **Hypoluxo** FL Zip Code **33462**

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 *Pamela B. Bampton* **Pamela B. Bampton** **3-1-06**
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, 2006

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	VP MEHALL, GARRY 649 WATERSIDE DRIVE HYPOLUXO, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSICOTTE, ROCK 420 WATERSIDE DR HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEFOY-POIRIER, CLAUDE 410 WATERSIDE DR. HYPOLUXO, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM BELANGER, GABY 553 WATERSIDR DRIVE HYPOLUXO, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM LAMPPRON, JAQUES 374 WATERSIDE DR. HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM ROCHON, MARC 434 WATERSIDE DR. HYPOLUXO, FL 33462	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Comtois, Claude 432 waterside Dr. Hypoluxo, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pierre Dumont 531 water side Dr. Hypoluxo, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Claude Defoy-Poirier* **Claude Defoy-Poirier** **3-1-06** **561-582-6765**
Signature and typed or printed name of signing officer or director Date Daytime Phone #