


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90049 045 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

06132007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0118157 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BAMPTON, PAMELA B
 132 WATERSIDE DR
 HYPOLUXO, FL 33462**

7. Name and Address of New Registered Agent
 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 *Pamela B. Bampton* **Pamela B. Bampton** *June 29, 2007*
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007

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	MEHALL, GARRY	<input checked="" type="checkbox"/> Delete
NAME	MEHALL, GARRY	
STREET ADDRESS	649 WATERSIDE DRIVE	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	COMTOIS, CLAUDE	<input type="checkbox"/> Delete
NAME	COMTOIS, CLAUDE	
STREET ADDRESS	432 WATERSIDE DR	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	DEFOY-POIRIER, CLAUDE	<input type="checkbox"/> Delete
NAME	DEFOY-POIRIER, CLAUDE	
STREET ADDRESS	410 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	ADM BELANGER, GABY	<input type="checkbox"/> Delete
NAME	BELANGER, GABY	
STREET ADDRESS	553 WATERSIDR DRIVE	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	ADM DUMONT, PIERRE	<input checked="" type="checkbox"/> Delete
NAME	DUMONT, PIERRE	
STREET ADDRESS	531 WATERSIDE DR	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	ADM ROCHON, MARC	<input type="checkbox"/> Delete
NAME	ROCHON, MARC	
STREET ADDRESS	434 WATERSIDE DR.	
CITY-ST-ZIP	HYPOLUXO, FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Scott Perron, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Perron, Director	
STREET ADDRESS	671 Waterside Dr.	
CITY-ST-ZIP	Hypoluxo, FL.	
TITLE	secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vicepresident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vicepresident	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Robert Van	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Van	
STREET ADDRESS	155 waterside Dr.	
CITY-ST-ZIP	Hypoluxo, Fl. 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Scott Perron* **Scott Perron** *6-25-07* **6-25-07** *561-582-6765*
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #