

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005446

FILED
Mar 26, 2007
Secretary of State

Entity Name: WATERSIDE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

% BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0408012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUBOLT, ROBERT R CAM
% BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 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: PD () Delete
Name: HANKS, CAROLINE S
Address: 526 LAKE LOUISE CIR 401
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: BROWN, ANN
Address: 532 LAKE LOUISE CR #102
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: PALMER, BECKY
Address: 530 LAKE LOUISE CIR. #202
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: SMITH, DON
Address: 532 LAKE LOUISE CIR. #103
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BROWN, HOWARD
Address: 528 LAKE LOUISE CIR #303
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change () Addition
Name: BROWN, ANN
Address: 532 LAKE LOUISE CR #102
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Change () Addition
Name: VAN VALKENBURG, NANCY
Address: 524 LAKE LOUISE CIR. #503
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: SMITH, DON
Address: 532 LAKE LOUISE CIR. #103
City-St-Zip: NAPLES, FL 34110

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINE HANKS

PD

03/26/2007

Electronic Signature of Signing Officer or Director

Date