

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005446

FILED  
Feb 09, 2010  
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:

SDA MANAGEMENT SERVICES INC.  
3135 SANTORINI CT.  
NAPLES, FL 34119 US

## Current Mailing Address:

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

## New Mailing Address:

SDA MANAGEMENT SERVICES INC.  
P.O. BOX 990222  
NAPLES, FL 34116 US

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:

SDA MANAGEMENT SERVICES INC.  
3135 SANTORINI CT.  
NAPLES, FL 34119 US

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: STEVE DEANGELIS

02/09/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: HANKS, CAROLINE S  
Address: 526 LAKE LOUISE CIR 401  
City-St-Zip: NAPLES, FL 34110

Title: VPD  
Name: DUFF, EDWARD  
Address: 528 LAKE LOUISE CR #304  
City-St-Zip: NAPLES, FL 34110

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

Title: SD  
Name: BROWN, ANN  
Address: 530 LAKE LOUISE CIR. #204  
City-St-Zip: NAPLES, FL 34110

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

I hereby 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 all other like empowered.

SIGNATURE: CAROLINE HANKS

PRES

02/09/2010

Electronic Signature of Signing Officer or Director

Date