


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-03-2006 90013 030 ****61.25

DOCUMENT # N97000000668					
1. Entity Name WATERSIDE I AT BAY BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4198 BAY BEACH LANE #113 FORT MYERS BEACH, FL 33931			Mailing Address PO BOX 308 FT. MYERS BEACH, FL 33931		
2. Principal Place of Business		3. Mailing Address 4137 Bay Beach Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Office			
City & State		City & State Ft. Myers Beach, FL			
Zip	Country	Zip 33931	Country U.S.	4. FEI Number 65-0758212	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MEYERS, FL 33902			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 <i>Christopher J. Shields</i>		Treasurer <i>Treasurer</i>		1-20-06	
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. <input type="checkbox"/>		\$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 P	NAME GREENSHIELDS, ANDREW		<input type="checkbox"/> Delete		
STREET ADDRESS 2665 CEDAR GREEN					
CITY-ST-ZIP MINNETONKA, MN 55305					
TITLE V	NAME PRINCELL, JUDY		<input type="checkbox"/> Delete		
STREET ADDRESS 4198 BAY BEACH LANE #131					
CITY-ST-ZIP FORT MYERS BEACH, FL 33931					
TITLE VD	NAME GAZADA, ANNE		<input type="checkbox"/> Delete		
STREET ADDRESS 4198 BAY BEACH LANE #1113Z					
CITY-ST-ZIP FORT MYERS BEACH, FL 33931					
TITLE D	NAME VINCENT, JAMES		<input type="checkbox"/> Delete		
STREET ADDRESS 1400 TAYLOR RIDGE					
CITY-ST-ZIP ERIE, PA 16505					
TITLE TD	NAME DELEKTA, RICHARD		<input type="checkbox"/> Delete		
STREET ADDRESS 4198 BAY BEACH LANE #132					
CITY-ST-ZIP FORT MYERS BEACH, FL 33931					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Richard J. Delekta</i>		Treasurer <i>Treasurer</i>		1-20-06	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	