
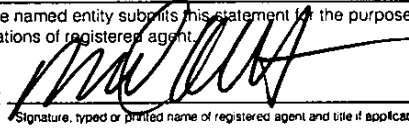
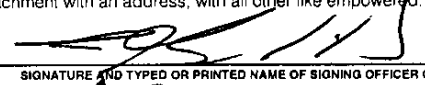


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90033 009 \*\*\*\*61.25

<b>DOCUMENT # N97000000668</b> 1. Entity Name <b>WATERSIDE I AT BAY BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4198 BAY BEACH LANE #113 FORT MYERS BEACH, FL 33931</b>			Mailing Address <b>4137 BAY BEACH LN OFFICE FT. MYERS BEACH, FL 33931</b>		
2. Principal Place of Business - No P.O. Box # <b>4198 Bay Beach Lane</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Ft Myers Beach, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0758212</b>	
Zip <b>33931</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MEYERS, FL 33902</b>			7. Name and Address of New Registered Agent Name <b>Richard DeBoest</b> Street Address (P.O. Box Number is Not Acceptable) <b>1415 Hendry Street</b> City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33902</b>		
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  DATE <b>3/2/07</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENSHIELDS, ANDREW 2665 CEDAR GREEN MINNETONKA, MN 55305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINCELL, JUDY 4198 BAY BEACH LANE #131 FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAZADA, ANNE 4198 BAY BEACH LANE #1113Z FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, JAMES 1400 TAYLOR RIDGE ERIE, PA 16505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELEKTA, RICHARD 4198 BAY BEACH LANE #132 FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Miller 621 South Stewart St Bremen, IN 46506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vincent, James T 1400 Taylor Ridge Erie, PA 16505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	De Matteo, Thomas S PO Box 40 Afton, MN 55001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Julie Pugh 4198 Bay Beach Lane #1132 Ft Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" 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:  <b>PRESIDENT</b> <b>14 FEB 2007</b> <b>239-463-2955</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					