

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90008 005 ****61.25

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1. Entity Name

VILLAS AT WATERSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

145 WATERSIDE DR.
 MARCO ISLAND FL 34145

Mailing Address

PO BOX 2397
 MARCO ISLAND FL 34146

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

59-3550181

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRADE, TONY
 601 ELKAN B-7
 MARCO ISLAND FL 34145

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

Tony Andrade

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, SUSAN	
STREET ADDRESS	3010 TWIN PINES PT	
CITY-ST-ZIP	ELKHART IN 46514	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSEMARY, LAURIE	
STREET ADDRESS	1600 GREEN DALE	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CREMIN, SANDY	
STREET ADDRESS	265 WATERSIDE CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GUERRA, GERRY	
STREET ADDRESS	1105 LYNWOOD AVE	
CITY-ST-ZIP	NEW MILFORD NJ 07646	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MAZZARO	
STREET ADDRESS	235 WATERSIDE CIR	
CITY-ST-ZIP	MARCO ISL, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM SALMOND	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM SALMOND	
STREET ADDRESS	215 WATERSIDE #101	
CITY-ST-ZIP	MARCO ISL, FL 34145	
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 exemption stated in Section 119.07(3)(i), 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:

Sandra Cremin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #