


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90023 017 ****61.25

DOCUMENT # N98000004957

1. Entity Name
VILLAS AT WATERSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
145 WATERSIDE DR. PO BOX 2397
MARCO ISLAND FL 34145 MARCO ISLAND FL 34146



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-3550181 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDRADE, TONY
601 EL CAMINO B-7
MARCO ISLAND FL 34145

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MAZZARRO, RICHARD 235 WATERSIDE CIR. MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE President <input type="checkbox"/> Delete KAYA, MIKE 7496 BERKELEY LANE NORTH ROYALTON OH 44133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete CREMIN, SANDY 265 WATERSIDE CIRCLE MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D6 <input type="checkbox"/> Delete GUERRA, GERRY 1105 LYNWOOD AVE NEW MILFORD NJ 07646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SALMOND, JAMES 2297 CROSS CREEK TRAIL CUYAHOGA FALLS OH 44223-1271
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOROTHY O'KELLEY 200 WATERSIDE CIRCLE #201 MARCO ISLAND, FLORIDA 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CATHERINE SPINA 210 WATERSIDE CIRCLE # 202 MARCO ISLAND, FLORIDA 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH KRUSE 235 WATERSIDE CIRCLE # 201 MARCO ISLAND, FLORIDA 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dorothy O'Keller, Dorothy O'Keller, President