
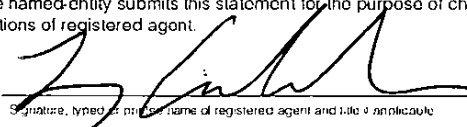


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 020 ****61.25

DOCUMENT # N98000004957			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ANDRADE, TONY 601 ELKAN 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 		DATE	
Signature, typed or printed name of registered agent and title of applicant		(NOTE: Registered Agent signature required when registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3550181 Applied For Not Applicable

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'KELLEY, DOROTHY		NAME		
STREET ADDRESS	200 WATERSIDE CIR 201		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND FL 34145		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAYA, MIKE		NAME		
STREET ADDRESS	7496 BERKELEY LANE		STREET ADDRESS		
CITY- ST- ZIP	NORTH ROYALTON OH 44133		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPINA, CATHERINE		NAME		
STREET ADDRESS	210 WATERSIDE CIR 202		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND FL 34145		CITY- ST- ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRA, GERRY		NAME		
STREET ADDRESS	1105 LYNWOOD AVE		STREET ADDRESS		
CITY- ST- ZIP	NEW MILFORD NJ 07646		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUSE, JOSEPH		NAME		
STREET ADDRESS	235 WATERSIDE CIR 201		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND FL 34145		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #