2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004957

FILED Feb 11, 2009 Secretary of State

Entity Name: VILLAS AT WATERSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 145 WATERSIDE DR. MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** PO BOX 2397 MARCO ISLAND, FL 34146 FEI Number: 59-3550181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDRADE, TONY 601 ELKAN B-7 MARCO ISLAND, FL 34145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition O'KELLEY, DOROTHY O'KELLEY, DOROTHY Name: Name: 200 WATERSIDE CIR 201 Address: 200 WATERSIDE CIR 201 Address: MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip: MARCO ISLAND, FL 34145 Title: () Delete Title: (X) Change () Addition BRERRIER, BRIAN Name: BREMER, BRIAN Name: Address: 240 WATERSIDE CIRCLE #202 Address: 240 WATERSIDE CIRCLE #202 City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 Title: () Delete Title: (X) Change () Addition SPINA, CATHERINE SPINA, CATHERINE Name: Name: 210 WATERSIDE CIR 202 210 WATERSIDE CIR 202 Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 Title: () Delete Title: () Change () Addition SALMOND, JAMES Name: Name: Address: 2297 CROSS CREEK TRAIL Address: City-St-Zip: CUYAHOGA FALLS, OH 442231271 City-St-Zip: Title: () Delete Title: (X) Change () Addition KRUSE, JOSEPH KRUSE, JOSEPH Name: Name: 235 WATERSIDE CIR 201 235 WATERSIDE CIR 201 Address: Address: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY ANDRADE RA 02/11/2009