

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90024 004 ****61.25

DOCUMENT # N99000000765

1. Entity Name
**WATERSIDE III AT BAY BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4183 BAY BEACH LANE
FORT MYERS BEACH, FL 33931 US**

Mailing Address
**4137 BAY BEACH LANE
OFFICE
FT. MYERS BEACH, FL 33931 US**

40033010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01222008 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number
65-0841683

Applied For
Not Applicable

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

**THOMPSON, JEAN2
4137 BAY BEACH LANE OFFICE
FORT MYERS BEACH, FL 33931**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	V	<input type="checkbox"/> Delete
NAME	HOCKLEY, JACK	
STREET ADDRESS	4183 BAY BEACH LANE #336	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	4183 BAY BEACH LANE #325	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	P	<input type="checkbox"/> Delete
NAME	YEATMAN, PETER	
STREET ADDRESS	4183 BAY BEACH LANE #355	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRISCI, WALTER	
STREET ADDRESS	4183 BAY BEACH BLVD #313	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PAUL	
STREET ADDRESS	4183 BAY BEACH LANE #315	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlie Eck	
STREET ADDRESS	4183 Bay Beach Ln #313	
CITY-ST-ZIP	Fort Myers Beach, FL 33931	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Martin	
STREET ADDRESS	4183 Bay Beach Ln #315	
CITY-ST-ZIP	Fort Myers Beach, FL 33931	
TITLE	Asst	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irene Quirius	
STREET ADDRESS	4183 Bay Beach Ln #315	
CITY-ST-ZIP	Fort Myers Beach, FL 33931	

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/08