2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118011

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: WATERSOUND REAL ESTATE, INC.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
245 RIVERSIDE AVE., SUITE 500 JACKSONVILLE, FL 32202						
Current Mailing Address:			New Maili	New Mailing Address:		
245 RIVERSIDE AVE., SUITE 500 JACKSONVILLE, FL 32202			ATTN. LEG	245 RIVERSIDE AVE., SUITE 500 ATTN. LEGAL DEPT. JACKSONVILLE, FL 32202		
FEI Number: 20-1655982		FEI Number Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:		
MARX, CHRISTINE M 245 RIVERSIDE AVE., SUITE 500 JACKSONVILLE, FL 32202 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		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	REGAN, MICHAE 245 RIVERSIDE JACKSONVILLE, D ()[AVE., SUITE 500 FL 32202 Delete	Title: Name: Address: City-St-Zip: Title:	JACKSONV DP	SIDE AVE., SUITE 500 ILLE, FL 32202 (X) Change () Addition	
Name: Address: City-St-Zip:	GREENE, WM. E 245 RIVERSIDE JACKSONVILLE,	AVE., SUITE 500	Name: Address: City-St-Zip:	245 RIVERS	VM. BRITTON BIDE AVE., SUITE 500 ILLE, FL 32202	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	1701 E COL	()Change(X)Addition HOMAS M JR JNTY HWY 30A SA BEACH, FL 32459	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition RISTINE M BIDE AVENUE SUITE 500 ILLE, FL 32202	
Title:	()	Delete	Title:	VT	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

LASSMAN, MARK D

SOLOMON, STEPHEN W

JACKSONVILLE, FL 32202

7900 GLADES ROAD SUITE 100 BOCA RATON, FL 33434

245 RIVERSIDE AVENUE SUITE 500

() Change (X) Addition

SIGNATURE: SUSAN G. WHITLATCH AS 04/22/2005

() Delete