## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000026819 (0)

WATERSIDE VILLAGE REALTY OF VENICE, INC.

## **FILED** Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										1 (0 0) (0 0) (10 16			IEDEO RIEDE IDIBI III	
722 SHAMROCK BLVD. VENICE FL 34293					722 SHAMROCK BLVD. VENICE FL 34293						DO NOT WRIT	E IN THI	S SPACE	
										3. Date incorpora	ted or Qualified			
										04/07/1994				
2. Principal Pl	ace of Busin	ness		2a. Mailing Address					4	4. FEI Number				plied For
21				26						65-04770	94		<del></del>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					ı	5. Certificate of Si	tatus Desired		\$8.75 / Fee Re	Additional equired
City & State				City & State						6. Election Campa			\$5.00	• 1
23 Counts				Zip Country					Trust Fund Contribution					
Zip	Country			29 30						•	•			angibie   ] No
24	25 9. Name and Address of Currer							Personal Property Tax due June 30.  Yes  10. Name and Address of New Registered Agent						
	NNELLY, J						81	Name				<del> </del>	- <del></del>	
						(D.O. D N	- i- Mat Assault	- 1-1-1						
	SHAMRO NICE FL 34						82	Street	Address	(P.O. Box Numbe	r is Not Accepta	abie)		
, <u> </u>							63							
							84	City				F	<b>L</b> 85 Zip	Code
office or re	naistered ac	ient, or both, in	the State of FI	orida. Su	ch change was	authorized	yd b	the core	corporat	tion submits this st s board of director	tatement for the s. I hereby acc	purpose opt the a	of changing it ppointment as	s registered registered
_	m f <b>a</b> miliar wi	th, and accept	the obligation:	s of, Sect	ion 607. <b>0505</b> , F	iorida Stat	ules	<b>.</b>						
SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature req												DATE		
12.	,			ID DIRECTORS 1					1 _	ADDITIONS/CH/	ANGES TO OFF	ICERS A		
TIFLE	PSTD			DELETE 1.1					D				XX Change	☐ Addition
NAME		LLY, JAMES				1.2 N/				INELLY, JA				
STREET ADDRESS										SHAMROCK				
CITY-ST-ZIP TITLE	VENICE	FL			DELETE	1.4 CI 2.1 TI		1 - ZIP		LICE, FL	34293		Change	Addition
}	VD	DICHARD W				2.1 H			PVS				Att oming	
NAME	BRADY, RICHARD W 5 722 SHAMROCK BLVD.							RI BI		NDY, RICHA				
STREET ADDRESS	VENICE		U.			2.4 C		·		SHAMROCK				į
CITY-ST-ZIP TITLE	ACINIOE	<u>rt</u>			DELETE	3.1 TI		1-21	VEN	HICE, FL	<del>34293 </del>		Change	Addition
NAME						3.2 N/								_
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						3.4. C								
TITLE					DELETE	4.1 TI			<b>†</b>				☐ Change	Addition
NAME						4. 2 N	AME							1
STREET ADDRESS						4.3 ST	REET	ADDRESS						1
CITY-ST-ZIP						4.4 CI	TY-S	T- ZIP						
TITLE					DELETE	5.1 TI	FLE						Change	Addition
NAME						5.2 N/	ME							
STREET ADDRESS						5.3 ST	REET	ADDRESS						İ
CITY-ST-ZIP				<u>.</u> .		5.4 CI	1Y - S	T-ZIP						
TITLE					☐ D£LETE								☐ Change	Addition
NAME						6.2 N/	ME							
STREET ADDRESS						6.3 ST	REET	ADDRESS	}					
CITY-ST-ZIP						6.4 CI			<u> </u>					
14. I hereby o	ertify that th	e information si	ipplied with th	is filing d	oes not qualify	for the exe	mp	tion state	ed in Sec	tion 119.07(3)(i), F	Florida Statutes.	I further	certify that the	information

rate and that my signature shall have the same legal effect as it made choef dath, that it am all kecute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of the ree Block 12 or Block 13 if changed, or on ap atta