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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # P95000042486 (7)

WATERSIDE HOME BUILDERS, INC.

Principal Place of Business Mailing Address 1892 SAN MARCO ROAD P.O. BOX 152 MARCO ISLAND FL 33937 MARCO ISLAND FL 83369					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
						06/01/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		TAnn	lied For
21		26				65-0583934	Not Applicable		
Suite, Apt.	W, etc.	Suite, Apt. #, etc	c.		<u> </u>	5. Certificate of Status Desired			dditional
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5		/lay Be
Zip	Country	34146	Co	untry	/	8. This corporation owes or has paid the o	urrent ve	ar Inta	ngible
24	25	29 34146	30			Personal Property Tax due June 30.	Yes		No
	9. Name and Address of Currer	nt Registered Agent		J		10. Name and Address of New Registere	d Agent		
YAY	OLEY, GREGORY C	<u></u>		B1	Name				
101 E. KENNEDY BLVD. SUITE 2500				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	APA FL 33602			83					
					84 City FL 85 Zip Code				
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.05	05, Florida Sta	tute	5 .	ation's board of directors. I hereby accept the a			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELET	TE 1.1 1	TILE			☐ Cha	ลกฎe	Addition Addition
NAME	HAGEDORN, JAMES S		1.21	IAME					
STREET ADDRESS	1692 SAN MARCO ROAD		1.33	TREE	T ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.43	HTY-9	ST-ZIP				
TITLE		DELE				<u></u>	Chi	ange	Addition
NAME			221	IAME					
STREET ADDRESS			2.3 5	TREE	T ADDRESS	•			
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELE					Ch	ange	Addition
NAME			321	IAME	}				
STREET ADDRESS			3.3 \$	TREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELE		ITLE			Cha	ange	Addition
NAME	1		4.2	NAME				-	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST - ZIP				

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

DELETE

DELETE

Change

☐ Change

Addition

Addition

FILED

Apr 06 1998 8:00am

Secretary of State