

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002180

**Entity Name:** WATERSIDE CLUB I AT HERITAGE OAK PARK ASSOCIATION, INC.**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC5755369179****Current Principal Place of Business:**19335 WATER OAK DRIVE  
UNIT #106  
PORT CHARLOTTE, FL 33948**Current Mailing Address:**19335 WATER OAK DRIVE  
UNIT #106  
PORT CHARLOTTE, FL 33948 US**FEI Number: 22-3883862****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STOLTZFUS, NANCY M  
19335 WATER OAK DRIVE  
UNIT #106  
PORT CHARLOTTE, FL 33948 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: NANCY M STOLTZFUS****04/23/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DALTON, GREG
Address	19325 WATER OAK DR #307
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	HAMBER, PATRICIA
Address	19335 WATER OAK DRIVE #108
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	LOMASNEY, SUZETTE
Address	19325 WATER OAK DR #101
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	TREASURER
Name	STOLTZFUS, NANCY M
Address	19335 WATER OAK DR #106
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	SECRETARY
Name	BENJAMIN, DONALD
Address	19325 WATER OAK DRIVE #308
City-State-Zip:	PORT CHARLOTTE FL 33948

I hereby 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 all other like empowered.

**SIGNATURE: NANCY M STOLTZFUS****TREASURER****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date