

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

DOCUMENT# N05000011162

**Entity Name:** WATERSIDE AT COQUINA KEY SOUTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC1583789552**

**Current Principal Place of Business:**

4850 COBIA DR S E  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

9887 4TH STREET N  
STE #301  
ST PETERSBURG, FL 33702

**FEI Number: 83-0439183**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC.  
9887 FORUTH ST N  
STE 301  
ST PETERSBURG, FL 33702 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: MARLENE SHAW**

**04/30/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NEVILLE, RHONDA  
Address 9887 FOURTH STREET NORTH #301  
City-State-Zip: ST PETERSBURG FL 33702

Title TD  
Name DIMITRI, JOHN  
Address 9887 FOURTH STREET NORTH #301  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name PARADINE, RANDY  
Address 9887 FOURTH STREET NORTH #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name FOSSUM, JOHN  
Address 9887 FOURTH STREET NORTH #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY  
Name KINSELL, KATHERINE  
Address 9887 FOURTH ST NORTH  
301  
City-State-Zip: ST. PETERSBURG FL 33702

*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: RHONDA NEVILLE**

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date