

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011162

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

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**6618008923CC**

**Current Principal Place of Business:**

4850 COBIA DR S E  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618 US

**FEI Number: 83-0439183**

**Certificate of Status Desired: No**

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

SILBERMAN LAW  
1105 W. SWANN AVENUE  
TAMPA, FL 33606 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: AARON J. SILBERMAN**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JOHNSON, JAY  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title VP  
Name DEFLECE, ROBERT  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title SECRETARY  
Name SUBRATTIE, DEBBIE  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title PRESIDENT  
Name ESKILSON, JOHN  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title TREASURER  
Name TROUTMAN, ELLIOTT  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name MAURO, RICK  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name FOUCAULT, DAVE  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

*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: JOHN ESKILSON**

**PRESIDENT**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date