

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17719

**Entity Name:** DOCKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**476 A1A SUITE 4A  
SATELLITE BEACH, FL 32937**Current Mailing Address:**PO BOX 100130  
PALM BAY, FL 32910 US**FEI Number:** 59-2776994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAYSIDE MANAGEMENT SERVICES  
476 A1A SUITE 4A  
SATELLITE BEACH, FL 32937 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:** SARA LAPOINTE

03/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name REED, ROBERTA  
Address 900 TRADEWINDS DRIVE  
City-State-Zip: INDIAN HARBOR BCH FL 32937

Title DIRECTOR  
Name PHELPS, FRIDE  
Address 900 TRADEWINDS DR  
City-State-Zip: INDIAN HARBOUR FL 32937

Title SECRETARY  
Name COLLINS, SUSAN  
Address 900 TRADEWINDS DRIVE  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title PRESIDENT  
Name HANCE, MICHAEL  
Address 900 TRADEWINDS DR  
City-State-Zip: INDIAN HARBOR BCH FL 32937

Title TREASURER, SECRETARY  
Name BAIMA, KATHLEEN  
Address 900 TRADEWINDS DR  
City-State-Zip: INDIAN HARBOUR BCH FL 32937

*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:** MICHAEL HANCE

PRESIDENT

03/03/2019

Electronic Signature of Signing Officer/Director Detail

Date