

2022 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

02/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PECORELLA, PHIL
Address	900 TRADEWINDS DR
City-State-Zip:	INDIAN HARBOUR FL 32937

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

Title	DIRECTOR
Name	SICLARE, CROSS
Address	900 TRADEWINDS DR
City-State-Zip:	INDIAN HARBOR BCH FL 32937

Title	TREASURER
Name	KECK, DORIS
Address	900 TRADEWINDS DR
City-State-Zip:	INDIAN HARBOUR BCH FL 32937

Title	VP
Name	REED, ROBERTA
Address	900 TRADEWINDS DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH 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: PHIL PECORELLA

PRESIDENT

02/25/2022

Electronic Signature of Signing Officer/Director Detail

Date