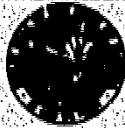


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:08

DOCUMENT # 723085 (7)
1. Corporation Name
WATERFORD POINT CONDOMINIUM APARTMENTS, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**801 S. FEDERAL HWY.
POMPANO BEACH FL 33082** **801 S. FEDERAL HWY.
POMPANO BEACH FL 33082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1972	3a. Date of Last Report 02/17/1994
4. FEI Number 59-1399365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has facility for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CAVALCANTE, WILLIAM M.
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COTIGNOLA, THOMAS
STREET ADDRESS	801 S. FEDERAL HWY. #108
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	TD
NAME	PYHEL, BARBARA
STREET ADDRESS	801 S. FEDERAL HWY. PH-1
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	SCHILT, LEON
STREET ADDRESS	801 S. FEDERAL HWY. 109
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	SD
NAME	FRITZ, MARIA
STREET ADDRESS	801 S. FEDERAL HWY. PH-12
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	PD
NAME	STRUM, SHEPARD
STREET ADDRESS	801 S. FEDERAL HWY. 404
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	DV
NAME	MKULSKI, STANLEY J
STREET ADDRESS	801 S. FEDERAL HWY. 911
CITY - ST - ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONCHI, RICHARD
1.3 STREET ADDRESS	801 S. Federal Hwy. #614
1.4 CITY - ST - ZIP	Pompano Beach, FL
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PYHEL, BARBARA J.
2.3 STREET ADDRESS	801 S. Federal Hwy, PH-1
2.4 CITY - ST - ZIP	Pompano Beach, FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HILDA GORMLEY
3.3 STREET ADDRESS	801 S. Federal Hwy., #1005
3.4 CITY - ST - ZIP	Pompano Beach, FL
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRITZ, MARIA
4.3 STREET ADDRESS	801 S. Federal Hwy., PH-12
4.4 CITY - ST - ZIP	Pompano Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara J. Pyhel Secy. 4/5/95 305/764-3211
BARBARA J. PYHEL, SECRETARY Date Daytime Phone #