

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **801 S. FEDERAL HWY. POMPANO BEACH FL 33062**
Mailing Address: **801 S. FEDERAL HWY. POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **04/07/1972**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1399365**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when renewing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	NAME: RD RONCHI, RICHARD STREET ADDRESS: 801 S FEDERAL HWY #614 CITY-ST-ZIP: POMPANO BEACH FL	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: DT BESLEY, DOTTIE 1.3 STREET ADDRESS: 801 S. FEDERAL HWY # 406 1.4 CITY-ST-ZIP: POMPANO BEACH FL
TITLE: <input type="checkbox"/> DELETE	NAME: RD PYHEL, BARBARA J STREET ADDRESS: 801 S. FEDERAL HWY. PH-1 CITY-ST-ZIP: POMPANO BEACH FL	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: D LEON SCHILT 2.3 STREET ADDRESS: 801 S FEDERAL HWY # 109 2.4 CITY-ST-ZIP: POMPANO BEACH FL
TITLE: <input type="checkbox"/> DELETE	NAME: DV GORMLEY, HILDA STREET ADDRESS: 801 S FEDERAL HWY #1005 CITY-ST-ZIP: POMPANO BEACH FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: DS FRITZ, MARIA STREET ADDRESS: 801 S FEDERAL HWY PH12 CITY-ST-ZIP: POMPANO BEACH FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: <input checked="" type="checkbox"/> DELETE	NAME: PD STRUM, SHEPARD STREET ADDRESS: 801 S FEDERAL HWY. 404 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:
TITLE: <input type="checkbox"/> DELETE	NAME: DP MIKULSKI, STANLEY J STREET ADDRESS: 801 S. FEDERAL HWY. 911 CITY-ST-ZIP: POMPANO BEACH FL	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 119.07(3)(k), 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: [Signature] **STANLEY J MIKULSKI** Date: **12/12/96** Daytime Phone #: **954 433-2800**

CR2E037 (12/95)