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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
801 S. FEDERAL HWY. 801 S. FEDERAL HWY.  
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-6762

3. Date Incorporated or Qualified 04/07/1972  
3a. Date of Last Report 02/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1399365	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
24	25	29	30
		33441	PROWARD

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 CAMPBELL PROPERTY MGMT  
82 Street Address (P.O. Box Number is Not Acceptable) 1215 E. HILLSBORO BLVD  
83  
84 City DEERFIELD BEACH FL 85 Zip Code 33441

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 *Sarahy Besley* DATE 3-5-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCHI, RICHARD	1.2 NAME	
STREET ADDRESS	801 S FEDERAL HWY #614	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYHEL, BARBARA J	2.2 NAME	
STREET ADDRESS	801 S. FEDERAL HWY. PH-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMLEY, HILDA	3.2 NAME	
STREET ADDRESS	801 S FEDERAL HWY #1005	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, MARIA	4.2 NAME	
STREET ADDRESS	801 S FEDERAL HWY PH12	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESLEY, DOTTIE	5.2 NAME	
STREET ADDRESS	801 SOUTH FEDERAL HWY. #408	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKULSKI, STANLEY J	6.2 NAME	
STREET ADDRESS	801 S. FEDERAL HWY. 911	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* SIGNATURE REQUIRED  
Date: 1-7-97 Daytime Phone # 954 4332800  
Signature, typed or printed name of signing officer or director

CF2E037 (9/96)