

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441
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3. Date Incorporated or Qualified
04/07/1972

4. FEI Number 59-1399365	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CAMPBELL PROPERTY MGMT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSON, RICHARD	1.2 NAME	BERSHENSON, SHEILA
STREET ADDRESS	801 S FEDERAL HWY #814	1.3 STREET ADDRESS	801 S FEDERAL HWY # 808
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PYHEL, BARBARA J	2.2 NAME	ISAACSON, M.
STREET ADDRESS	801 S. FEDERAL HWY. PH-1	2.3 STREET ADDRESS	801 S FEDERAL HWY # 810
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	POMPANO BEACH, FL
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. #406	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **4-8-98** *Treasurer*

CR2E037 (10/97)