


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90040 006 \*\*\*\*61.25

**DOCUMENT # 723085**  
 1. Entity Name  
**WATERFORD POINT CONDOMINIUM APARTMENTS, INC**



Principal Place of Business      Mailing Address  
**801 S. FEDERAL HWY.**      **1215 E HILLSBORO BLVD**  
**POMPANO BEACH FL 33062**      **DEERFIELD BEACH FL 33441**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1399365**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CAMPBELL PROPERTY MGMT**  
**1215 E. HILLSBORO BLVD.**  
**DEERFIELD BEACH FL 33441**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	TROUTMAN, TODD	
STREET ADDRESS	801 SOUTH FEDERAL HIGHWAY #321	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIOS, ALEX	
STREET ADDRESS	801 SOUTH FEDERAL HIGHWAY #118	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALTMAN, HELEN	
STREET ADDRESS	801 SOUTH FEDERAL HIGHWAY #420	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRITZ, MARIA	
STREET ADDRESS	801 S FEDERAL HWY PH12	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD VD	<input type="checkbox"/> Delete
NAME	MIKULSKI, STANLEY J	
STREET ADDRESS	801 S FEDERAL HIGHWAY #911	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD PD	<input type="checkbox"/> Delete
NAME	VINCENT, CATANIA	
STREET ADDRESS	801 S FEDERAL HIGHWAY #211	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Helen Paltna* **4/6/04** 954 782-8232  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



MOORE CR2E037 (11/03)