


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90219 014 \*\*\*\*61.25

<b>DOCUMENT # 723085</b>			
1. Entity Name <b>WATERFORD POINT CONDOMINIUM APARTMENTS, INC</b>			
Principal Place of Business <b>801 S. FEDERAL HWY. POMPANO BEACH FL 33062</b>		Mailing Address <b>1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CAMPBELL PROPERTY MGMT 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441</b>		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 _____			



CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUSH, KEVIN</b> <b>801 S FEDERAL HWY PH09</b> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>TROUTMAN, TODD</b> <b>801 S FEDERAL HWY 321</b> <b>POMPANO BEACH, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>CAMERON, DIANE</b> <b>801 S. FEDERAL HWY</b> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>RIOS, ALEX</b> <b>801 S FEDERAL HWY 118</b> <b>POMPANO BEACH, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TD</b> <b>RONCHI, RICHARD</b> <b>801 S FEDERAL HWY 614</b> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>ALTMAN, HELEN</b> <b>801 S FEDERAL HWY 420</b> <b>POMPANO BEACH, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>FRITZ, MARIA</b> <b>801 S FEDERAL HWY PH12</b> <b>POMPANO BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>PD</b> <b>WEISSE, DANIEL</b> <b>801 S FEDERAL HWY 602</b> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD</b> <b>MIKULSKI, STANLEY J.</b> <b>801 S. FEDERAL HWY. 911</b> <b>POMPANO BEACH, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD</b> <b>MIRON, JAMES</b> <b>801 S FEDERAL HWY 814</b> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD</b> <b>CATANIA, VINCENT</b> <b>801 S FEDERAL HWY 211</b> <b>POMPANO BEACH, FL 33062</b>

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 F. ALTMAN 4/10/03 954-427-8770

CR2E037 (10/02)