


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743661 (1)**

1. Corporation Name  
**WATER BRIDGE 4 ASSOCIATION, INC.**



Principal Place of Business <b>5945 DEL LAGO CIRCLE SUNRISE FL 33313</b>	Mailing Address <b>5945 DEL LAGO CIRCLE SUNRISE FL 33313</b>
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3. Date Incorporated or Qualified <b>07/20/1978</b>	
4. FEI Number <b>59-1880819</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FREIBERG, THELMA  
5945 DEL LAGO CIR  
SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81 Name <b>Tracy S. Schnartman</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2321 Wilshire Blvd</b>
83 City <b>Sunrise FL 33313</b>
84 City <b>Sunrise FL 33313</b>
85 Zip Code <b>33313</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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, Sections 617.0509, Florida Statutes.

SIGNATURE *Tracy S. Schnartman* DATE **3/23/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELEEW, FRANK	
STREET ADDRESS	5945 DEL LAGO CIR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREIBERG, THELMA	
STREET ADDRESS	5945 DEL LAGO CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROLNICK, BLANCHE	
STREET ADDRESS	5945 DEL LAGO CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	(PD) Papale, Dominick	
1.3 STREET ADDRESS	5945 DEL LAGO CIR	
1.4 CITY-ST-ZIP	SUNRISE FL 33313	
2.1 TITLE	(SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MHEVSKY, MARILYN	
2.3 STREET ADDRESS	5945 DEL LAGO CIRCLE	
2.4 CITY-ST-ZIP	SUNRISE FL 33313	
3.1 TITLE	(D) PAPALE, JANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5945 DEL LAGO CIRCLE	
3.4 CITY-ST-ZIP	SUNRISE FL 33313	
4.1 TITLE	(SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELEEW, ADLE	
4.3 STREET ADDRESS	5945 DEL LAGO CIRCLE	
4.4 CITY-ST-ZIP	SUNRISE FL 33313	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 or changed, or on an attachment with an address.

SIGNATURE *Dominick A. Papale*

CR2E037 (10/97)