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Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90019 043 \*\*\*\*61.25

0037489

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743661

1. Corporation Name

WATER BRIDGE 4 ASSOCIATION, INC.

Principal Place of Business

5945 DEL LAGO CIRCLE  
SUNRISE FL 33313

Mailing Address

5945 DEL LAGO CIRCLE  
SUNRISE FL 33313



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/20/1978

4. FEI Number

59-1880819

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SCHNARTMAN, TRACEY S.  
2531 ARAGON BLVD  
SUNRISE FL 33322

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  
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME PAPAIE, DOMINICK  
STREET ADDRESS 5945 DEL LAGO CIR  
CITY-ST-ZIP SUNRISE FL 33313

TITLE SD  DELETE

NAME MAEVSKY, MARILYN  
STREET ADDRESS 5945 DEL LAGO CIRCLE  
CITY-ST-ZIP SUNRISE, FL 00000 33313

TITLE STD  DELETE

NAME ROLNICK, BLANCHE  
STREET ADDRESS 5945 DEL LAGO CIRCLE  
CITY-ST-ZIP SUNRISE, FL 00000

TITLE D  DELETE

NAME PAPAIE, JANIE  
STREET ADDRESS 5945 DEL LAGO CIRCLE  
CITY-ST-ZIP SUNRISE FL 33313

TITLE SD  DELETE

NAME ELEEW, ADELE  
STREET ADDRESS 5945 DEL LAGO CIRCLE  
CITY-ST-ZIP SUNRISE FL 33313

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

VARGA, JOHN  
5945 Del Lago Circle # 201  
Sunrise FL 33313

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED PAPAIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)