				BEFORE C	7	ING THIS FORM.	, 1	
1	PLICATION FOR		Katherine H				70, low	
	ISTATEMENT		Secretary of				,	
DOCUMENT # 743661					FILED			
1. Corporation Name						01 MAR -1 PH 4: 1	8 .	
WATER BRIDGE 4 ASSOCIATION, INC.					'	SECRETARY OF STAT TALLAHASSEE FLORI	E DA	
Principal Place of Business Mailing Address						TALLAHASSEL		
5945 DEL LAGO CIRCLE 5945 DEL LI SUNRISE FL 33313 SUNRISE FL			AGO CIRCLE . 33313					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable 3. New Mail			og Office Address, If Application 4. Date Income To Do Bus		orated or Qualified ness in Florida	V1079		
Suite, Apt.		Suité, Apt. #, etc	etc. 5. FEI Numb				/1978 Applied For	
			use A 6.		6	59-1880819	Not Applicable	
Zip	Country	² 33322	Countr	15A	-	E OF STATUS DESIRED Tor a C	dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD	PAPALE, DOMINICK		5945 DEL LAGO CIR			SUNRISE FL 33313		
SD	MAEVSKY, MARILYN		5945 DEL LAGO CIRCLE		SUNRISE, FL 00000 33313			
STD	ROLNICK, BLANCHE	5	5945 DEL LAGO CIRCLE			SUNRISE, FL 00000		
D	PAPALE, JANIE	5	5945 DEL LAGO CIRCLE			SUNRISE FL 33313		
D	VARGA, JOHN	5.	5945 DEL LAGO CIRCLE #201			SUNRISE FL 33343	199	
						-03/08/0101 ****122.50	0287-012 * 1 **142 1 50	
	8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
SCHNARTMAN, TRACEY S. Street Addless (P. Q. 2531 ARAGON BLVD						S Not Acceptable)	N. SEE	
SUNHI	SUNRISE FL 33322 Suite, Apt. #, Etc.					State Zip) Code	
10. I, being appointed the registered agent of the apode named corporation, am familiar with and accept the obligate						on 607.0505, F.S.	55521	
Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 240		
this rein: owed by	that I am an officer or difector or the receiv statement application, the reason for dissol the corporation have been paid and the na application is true and accurate, and my sig	ution has been elim ames of individuals	ninated, the corpor listed on this form	ate name satisfies the do not qualify for a	ne requirements in exemption und	of section 607.0401 or 617.0401, F	.S., that all fees	
čiou -	Jane G	analo	·	<u>.</u>	2-	4-01 954-	748-6182	
SIGNAT	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNI	NG OFFICER OR D	RECTOR	· ; ·	Date Oaytime	·····	

Pos Zal Z

V.I.P. ASSOCIATION MANAGEMENT, INC. POB 9454 CORAL SPRINGS, FL 33075-9454 954-748-6182

2//26/01

Michelle Milligan Reinstatement Section POB 6327 Tallahassee, FL 32314-6327

Re: Waterbridge #4

Dear Ms. Milligan,

Speaking with you was such pleasure after my several ill-fated conversations with others in your department.

The long & the short of this matter is that check # 1579, dated 2/00 was sent along with 2000 report. Apparently you never received this check and my book-keeper didn't catch the fact it had never cleared. I have included copies of our check stubs.

I received a notice of dissolution sometime in 10/00. I made several calls & on-line inquiries advising of this situation & requested the appropriate paperwork to re-establish the corporation. I did not receive any paperwork until 1/01 & filed for Re-Instatement on 2/4/01 & sent check #1741, which to date, you show no record of having received nor does the bank show that it has cleared.

At your request, I am sending this letter for the Division of Corporation to review this matter and to waive any penalties. I have enclosed the check for \$122.50 as requested. It was an oversight & I apologize for any inconvenience this may have caused the Division of Corporations.

I can be reached at 954-748-6182.

Very truly yours

Tracey S./\$chhaitman, C.A.M.

Registered Agent for Waterbridge #4 Condominium Association, Inc.