

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90021 024 ****61.25

DOCUMENT # 743661

1. Entity Name

WATER BRIDGE 4 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5945 DEL LAGO CIRCLE
 SUNRISE FL 33313**

**2531 ARAGON BLVD.
 SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1880819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNAITMAN, TRACEY
 2531 ARAGON BLVD
 SUNRISE FL 33322**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAPALE, DOMINICK	
STREET ADDRESS	5945 DEL LAGO CIR	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAEVSKY, MARILYN	
STREET ADDRESS	5945 DEL LAGO CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 00000 33313	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROLNICK, BLANCHE	
STREET ADDRESS	5945 DEL LAGO CIRCLE	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPALE, JANIE	
STREET ADDRESS	5945 DEL LAGO CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARGA, JOHN	
STREET ADDRESS	5945 DEL LAGO CIRCLE #201	
CITY-ST-ZIP	SUNRISE FL 33343	
TITLE		<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V, D, T	
STREET ADDRESS	"JANE" not JANIE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	CHENIN, DORIS	
CITY-ST-ZIP	5945 Del Lago Circle SUNRISE FL 33313	
TITLE		<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. Dominick Papale Pres 2/19/02 921-748-6182

CR2E037 (9/01)