

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

# 2010



MOORE CR2E037 (11/03)

<b>DOCUMENT # 743661</b>			
1. Entity Name <b>WATER BRIDGE 4 ASSOCIATION, INC.</b>			
Principal Place of Business <b>5945 DEL LAGO CIRCLE SUNRISE FL 33313</b>		Mailing Address <b>2531 ARAGON BLVD. SUNRISE FL 33322</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		7. Name and Address of New Registered Agent	
<b>SCHNAITMAN, TRACEY 2531 ARAGON BLVD SUNRISE FL 33322</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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		DATE <b>2/13/04</b>	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</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>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPALE, DOMINICK	NAME	
STREET ADDRESS	5945 DEL LAGO CIR	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33313	CITY - ST - ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAEVSKY, MARILYN	NAME	
STREET ADDRESS	5945 DEL LAGO CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE, FL 00000 33313	CITY - ST - ZIP	
TITLE	VDT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPALE, JANE	NAME	
STREET ADDRESS	5945 DEL LAGO CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33313	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEMIN, DORIS	NAME	
STREET ADDRESS	5945 DEL LAGO CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33313	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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03/01/04-80008-001 61.25

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:** Vice Pres / Treas

954-748-6182