

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90066 035 \*\*\*\*61.25

**DOCUMENT # 743661**

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



Principal Place of Business  
**5945 DEL LAGO CIRCLE  
SUNRISE FL 33313**

Mailing Address  
**2531 ARAGON BLVD.  
SUNRISE FL 33322**

*8000 LAGO*



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tracey Schnaitman*

*1/20/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **PAPALE, DOMINICK**  
STREET ADDRESS **5945 DEL LAGO CIR**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VDT**  Delete  
NAME **PAPALE, JANE**  
STREET ADDRESS **5945 DEL LAGO CIRCLE**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **CHEMIN, DORIS**  
STREET ADDRESS **5945 DEL LAGO CIRCLE**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Dorise Chemin*

*1/23/03 954-748-682*

CR2E037 (10/02)