2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010253

FILED Apr 30, 2007 Secretary of State

Entity Name: FLORIDIAN BAY ESTATES AT WATERSTONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O M & E ASSOCIATES OF MIAMI, INC. C/O ALTON MADISON PROPERTY MGMT 13055 SW 42 STREET, SUITE 203 381 N KROME AVENUE #205 MIAMI, FL 33175 HOMESTEAD FL 33030 **Current Mailing Address:** New Mailing Address: C/O M & E ASSOCIATES OF MIAMI, INC. PO BOX 901773 13055 SW 42 STREET, SUITE 203 HOMESTEAD, FL 33090 MIAMI, FL 33175 FEI Number: 02-0699004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKRLD, INC 201 ALHAMBRA CIRCLE **SUITE 1102** CORAL GABLES, FL 33134 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTINEZ, JEFFEREY Name: Name: 2111 NE 40 AVENUE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: () Delete Title: () Change () Addition MANACH, JORGE Name: Name: Address: 3906 NE 20 CIRCLE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: () Delete Title: () Change () Addition LOPEZ, JOSE Name: Name: Address: 3904 NE 20 CIRCLE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: () Delete Title: Title: () Change () Addition Name: ZAMBRANO, SHIRLEY Name: Address: 2122 NE 39 TERRACE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: () Delete Title: (X) Change () Addition LAUZUNQUE, XANER LAUZUNQUE, XAVIER Name: Name: 2108 NE 40 ROAD 2108 NE 40 ROAD Address: Address: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J MARTINEZ P 04/30/2007