


**2008 NOT-FOR-PROFIT CORPORATION
 AMENDED ANNUAL REPORT**

DOCUMENT # N06000010878			
1. Entity Name WATERSIDE LUXURY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 717 HILL VALLEY PLACE WEST PALM BEACH, FL 33409		Mailing Address 1600 W. COLONIAL DR. ORLANDO, FL 32804	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SOVEREIGN RESIDENTIAL SERVICES, LLC 1600 W. COLONIAL DR. ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name <u>BROUGH, CHADROW & LEVINE, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1900 N. COMMERCE PARKWAY</u> City <u>WESTON</u> FL Zip Code <u>33326</u>	
8. The above named filer certifies 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 agents.			
SIGNATURE <u>Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A.</u>		DATE <u>6/12/08</u>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	POYASTRO, MIGUEL		TITLE
STREET ADDRESS	8500 SW 8 ST., STE. 228		NAME
CITY-ST-ZIP	MIAMI, FL 33144		STREET ADDRESS
			CITY-ST-ZIP
TITLE	DV	<input type="checkbox"/> Delete	TITLE
NAME	HERRAN, EMILIANO		NAME
STREET ADDRESS	8500 SW 8 ST., STE. 228		STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP
TITLE	DST	<input type="checkbox"/> Delete	TITLE
NAME	VALDEZ, ANGEL		NAME
STREET ADDRESS	8500 SW 8 ST., STE. 228		STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regular or limited 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 my address, with all other like empowerers.			
SIGNATURE: <u>[Signature]</u>		DATE <u>6/6/08</u> <u>3/225-7522</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR		DATE	

40110398



06032008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5794286 Applied For (Not Applicable)

5. Certificate of Status Desired \$3.75 Additional Fee Required