


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

<b>DOCUMENT # N06000010878</b>			
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 &amp; LEVINE, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1900 N. COMMERCE PARKWAY</u> City <u>WESTON</u> State <u>FL</u> Zip Code <u>33326</u>	
8. The above named Entity adopted 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, the registered agent.			
SIGNATURE <u>Scott J. Levine, Esq. for Brough, Chadrow &amp; 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	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	POYASTRO, MIGUEL	8500 SW 8 ST., STE. 228	MIAMI, FL 33144
OV	HERRAN, EMILIANO	8500 SW 8 ST., STE. 228	MIAMI, FL 33144
DST	VALDEZ, ANGEL	8500 SW 8 ST., STE. 228	MIAMI, FL 33144
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	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>	

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