

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14844** (7)

1. Corporation Name

WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O LANG MANAGEMENT CO. INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33486-1088

3. Date Incorporated or Qualified **05/09/1986** 3a. Date of Last Report **03/01/1995**
4. FEI Number **65-0016575** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LANG MANAGEMENT CO., INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEES, CHERLE	12 NAME	SIT Domagala, Jean
STREET ADDRESS	2296 NW 55TH ST	13 STREET ADDRESS	2199 NW 59 ST
CITY-STATE-ZIP	BOCA RATON FL	14 CITY-STATE-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORENBERG, RANDI	22 NAME	D Singerman, Deborah
STREET ADDRESS	5851 NW 23RD AVE	23 STREET ADDRESS	5423 NW 23 AVE
CITY-STATE-ZIP	BOCA RATON FL	24 CITY-STATE-ZIP	BOCA RATON FL
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURSTEIN, MARGIE	32 NAME	
STREET ADDRESS	2297 NW 55TH ST	33 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	34 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLOSHNICK, JOAN	42 NAME	D Helen Roth, Roth, Helen
STREET ADDRESS	5730 NW 22 AVE	43 STREET ADDRESS	5800 NW 23 AVE
CITY-STATE-ZIP	BOCA RATON FL	44 CITY-STATE-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, CATHY	52 NAME	
STREET ADDRESS	2197 NW 59TH ST	53 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margie Murstein* March 4, 1996 997-5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E037 (12/95)