

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14844 (7)**  
1. Corporation Name  
**WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088</b>	Mailing Address <b>C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0016575</b>	3a. Date of Last Report <b>03/22/1996</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip Country	29 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LANG MANAGEMENT CO., INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33496</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 office 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMAGALA, JEAN</b>	1.2 NAME	<b>DOMAGALA, JEAN</b>
STREET ADDRESS	<b>2199 NW 59 ST</b>	1.3 STREET ADDRESS	<b>2199 N.W. 59TH ST.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGERMAN, DEBORAH</b>	2.2 NAME	<b>SINGERMAN, DEBORAH</b>
STREET ADDRESS	<b>5493 NW 23 AVE</b>	2.3 STREET ADDRESS	<b>5493 N.W. 23 AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURSTEIN, MARGIE</b>	3.2 NAME	<b>MURSTEIN, MARGIE</b>
STREET ADDRESS	<b>2297 NW 55TH ST</b>	3.3 STREET ADDRESS	<b>2297 N.W. 55TH ST.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, HELEN</b>	4.2 NAME	<b>ROTH, HELEN</b>
STREET ADDRESS	<b>5800 NW 23 AVE</b>	4.3 STREET ADDRESS	<b>5800 N.W. 23 AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARISI, CATHY</b>	5.2 NAME	<b>PARISI, CATHY</b>
STREET ADDRESS	<b>2197 NW 59TH ST</b>	5.3 STREET ADDRESS	<b>2197 N.W. 59TH ST.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_ DATE **3/19/97** **FL 33496**

CR2E037 (9/96)