


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90100 045 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14844

1. Corporation Name
WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088	Mailing Address C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1986
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0016575
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMAGALA, JEAN	1.2 NAME	
STREET ADDRESS	2199 NW 59 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, HELEN HELEN	2.2 NAME	
STREET ADDRESS	5800 NW 23RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, CATHY	3.2 NAME	T/D Parisi, Cathy
STREET ADDRESS	2197 NW 59TH ST	3.3 STREET ADDRESS	2197 NW 59 St
CITY-ST-ZIP	BOCA RATON FL 33496	3.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGERMAN, DEBORAH	4.2 NAME	Bookman, Phillip H.
STREET ADDRESS	5493 N.W. 23RD AVE	4.3 STREET ADDRESS	2001 NW 59 St
CITY-ST-ZIP	BOCA RATON FL 33496	4.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOSHNICK, JOAN	5.2 NAME	PLOSHNICK, JOAN
STREET ADDRESS	5730 NW 22 AVE	5.3 STREET ADDRESS	5730 NW 22 Ave
CITY-ST-ZIP	BOCA RATON FL 33496	5.4 CITY-ST-ZIP	Boca Raton FL 33496
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 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, with all other like empowered.

SIGNATURE: Jeane Domagala DATE: 3/1/99 DAYTIME PHONE #: 561-241-0350

CR2E037 (11/98)