

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N19330  
1. Corporation Name

WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.

MAY 15 1996

Principal Place of Business: 306 ALCAZA RAVE. CORAL GABLES, FL 33134  
Mailing Address: GLOBAL INVESTMENT PROPERTIES, INC. 306 ALCAZAR AVE., STE 303 CORAL GABLES, FL 33134

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-2969871		4/7/95	
22		27		5. Certificate of Status Desired		Applied For	
23		28		6. Election Campaign Financing Trust Fund Contribution		Not Applicable	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>GLOBAL INVESTMENT PROPERTIES, INC.</del> <del>306 ALCAZAR AVENUE, SUITE 303</del> <del>CORAL GABLES, FL 33134</del> Roy E. Granoff, P.A. 12515 N Kendall Dr #400 Miami, Fla 33186				81 Name SKRLD, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102 83 Attn: 84 City Coral Gables FL 85 Zip Code 33134			

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 SKRLD, INC., By: *Helio O. P. ...* Pres. DATE 5/17/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		P <input type="checkbox"/> DELETE		11 TITLE		P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		GERE KIRBY		12 NAME		GERE KIRBY	
STREET ADDRESS		306 ALCAZAR AVE, SUITE 303		13 STREET ADDRESS		28002 S.W. 140 Ct	
CITY-ST-ZIP		CORAL GABLES, FL 33134		14 CITY-ST-ZIP		Homestead, Fla 33033	
TITLE		VP/D <input type="checkbox"/> DELETE		21 TITLE		VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MICHAEL STEGMAN		22 NAME		MICHAEL STEGMAN	
STREET ADDRESS		306 ALCAZAR AVE, SUITE 303		23 STREET ADDRESS		13995 S.W. 280 Terr.	
CITY-ST-ZIP		CORAL GABLES, FL 33134		24 CITY-ST-ZIP		Homestead, Fl 33033	
TITLE		T/D <input type="checkbox"/> DELETE		31 TITLE		T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BONITA HARKNESS		32 NAME		BONITA HARKNESS	
STREET ADDRESS		306 ALCAZAR AVE, SUITE 303		33 STREET ADDRESS		28006 S.W. 140 Ct.	
CITY-ST-ZIP		CORAL GABLES, FL 33134		34 CITY-ST-ZIP		Homestead, Fla 33033	
TITLE		S/D <input type="checkbox"/> DELETE		41 TITLE		S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DIOGENES MURIEL		42 NAME		DIOGENES MURIEL	
STREET ADDRESS		306 ALCAZAR AVE, SUITE 303		43 STREET ADDRESS		13986 S.W. 280 Terr.	
CITY-ST-ZIP		CORAL GABLES, FL 33134		44 CITY-ST-ZIP		Homestead, Fla 33033	
TITLE		2ND VP <input type="checkbox"/> DELETE		51 TITLE		2nd VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MARIA PAZOS		52 NAME		MARIA PAZOS	
STREET ADDRESS		306 ALCAZAR AVE, SUITE 303		53 STREET ADDRESS			
CITY-ST-ZIP		CORAL GABLES, FL 33134		54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		800001842018 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME		-05/29/96--01022--006	
STREET ADDRESS				63 STREET ADDRESS		***61.25	
CITY-ST-ZIP				64 CITY-ST-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: *Gere Kirby* Date: 4-29-96 Daytime Phone #

CR2E037 (12/95)