

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19330 (2)
1. Corporation Name
WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
306 ALCAZA AVE Suite 303 CORAL GABLES FL 33134 US
GLOBAL INVESTMENT PROPERTIES INC.
306 ALCAZAR AVE., STE 303
CORAL GABLES FL 33134-4318

3. Date Incorporated or Qualified 02/19/1987 3a. Date of Last Report 05/28/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2969871	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	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				10. Name and Address of New Registered Agent			
SKRLD 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	V	1.1 TITLE	P-D
NAME	PAZOS, MARIA	1.2 NAME	Gracie Sutch, President
STREET ADDRESS	28101 SW 141 PLACE	1.3 STREET ADDRESS	12765 S.W. 263 Terr.
CITY-ST-ZIP	HOMESTEAD FL 33303	1.4 CITY-ST-ZIP	Homestead, Fla 33032
TITLE	PD	2.1 TITLE	VP-D
NAME	KIRBY, GERE	2.2 NAME	Jose Salazar Vice Pres.
STREET ADDRESS	28002 S.W. 140TH COURT	2.3 STREET ADDRESS	28032 SW 139 Ct
CITY-ST-ZIP	HOMESTEAD FL 33033	2.4 CITY-ST-ZIP	Homestead, Fla 33033
TITLE	SD	3.1 TITLE	VP-D
NAME	DIAGONES, MURIEL	3.2 NAME	Luis Gonzalez, Vice Pres.
STREET ADDRESS	13986 SW 280TH TERR	3.3 STREET ADDRESS	28105 SW 141 Pl
CITY-ST-ZIP	HOMESTEAD FL 33133	3.4 CITY-ST-ZIP	Homestead, Fla 33033
TITLE	TD	4.1 TITLE	SD
NAME	HARKNESS, BONITA	4.2 NAME	William Royal, Secretary
STREET ADDRESS	28006 SW 140TH COURT	4.3 STREET ADDRESS	815 N Homestead Blv #300
CITY-ST-ZIP	HOMESTEAD FL 33133	4.4 CITY-ST-ZIP	Homestead, Fla 33030
TITLE	VD	5.1 TITLE	VP-D
NAME	STEGMAN, MICHAEL	5.2 NAME	Lizette Ortiz, Treasurer
STREET ADDRESS	13995 S.W. 280 TERR.	5.3 STREET ADDRESS	28341 SW 141 Ct.
CITY-ST-ZIP	HOMESTEAD FL 33033	5.4 CITY-ST-ZIP	Homestead, Fla 33030
TITLE		6.1 TITLE	
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.

CR2E037 (9/96)

Sk dep \$61.25 6/11/97