


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30 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
1. Corporation Name
Waterside Townhomes Community Association, Inc.

Principal Place of Business Mailing Address
306 Alcazar Avenue, Suite 303 SAME
Coral Gables, FL 33134

2. Principal Place of Business 2a. Mailing Address
21 27501 So. Dixie Hwy. 26 PO Box 924176
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 207 27
City & State City & State
23 Homestead, FL 33032 28 Homestead, FL 33092-4176
Zip Zip Country Zip Country
24 33032 25 USA 29 33092-4176 30 USA

3. Date Incorporated or Qualified 02/19/1987 3a. Date of Last Report 06/11/97
4. FEI Number 59-2969871 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

9. Name and Address of Current Registered Agent
SKRLD
201 Alhambra Circle
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
81 Name S. SCOTT CHOOS, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) Suite 312
83 15600 S.W. 288 Street
84 City Homestead FL 85 Zip Code 33033

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 *S. Scott Choos* S. SCOTT CHOOS, ESQ. DATE 6/24/97

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	Sutch, Gracie	1.2 NAME	
STREET ADDRESS	12765 SW 263 Terr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33032	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salazar, Jose	2.2 NAME	
STREET ADDRESS	28032 SW 139 Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33032	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Luis	3.2 NAME	
STREET ADDRESS	28105 SW 141 Place	3.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33032	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Royal, William	4.2 NAME	
STREET ADDRESS	815 N. Homestead Blvd. #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortiz, Lizette	5.2 NAME	
STREET ADDRESS	28341 SW 141 Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	5.4 CITY-ST-ZIP	
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	

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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: *Gracie Sutch* Gracie Sutch, President 6/24/97 (305)246-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)