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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19330

1. Corporation Name

WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

27501 SO. DIXIE HWY., #207
 HOMESTEAD FL 33032
 US

Mailing Address

P.O. BOX 924176
 HOMESTEAD FL 33092-4176



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/19/1987

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

9. Name and Address of Current Registered Agent

CHOOS, S. SCOTT ESQ
 SUITE 312, 15600 S.W. 288 STREET
 HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name Raymond D. Van Hook
 82 Street Address (P.O. Box Number is Not Acceptable)
 c/o Harbor Management Services
 83 27501 South Dixie Hwy Suite 207
 84 City Naranja FL 85 Zip Code 33032

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

Raymond D. Van Hook

3/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
 NAME SUTCH, GRACIE
 STREET ADDRESS 12765 S.W. 263 TERR
 CITY-ST-ZIP HOMESTEAD FL 33032

TITLE VPD DELETE
 NAME SALAZAR, JOSE
 STREET ADDRESS 28032 SW 139 CT
 CITY-ST-ZIP HOMESTEAD FL 33032

TITLE VPD DELETE
 NAME GONZALEZ, LUIS
 STREET ADDRESS 28105 SW 141 PL
 CITY-ST-ZIP HOMESTEAD FL 33032

TITLE TD DELETE
 NAME ORTIZ, LIZETTE
 STREET ADDRESS 28341 SW 141 CT
 CITY-ST-ZIP HOMESTEAD FL 33030

TITLE DELETE
 NAME
 STREET ADDRESS *Gracie Sutch PRES.*
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD Change Addition
 1.2 NAME Jairo Garces
 1.3 STREET ADDRESS 5574 SW 122 Terrace
 1.4 CITY-ST-ZIP Homestead, FL. 33032

2.1 TITLE D Change Addition
 2.2 NAME Charles Sola
 2.3 STREET ADDRESS 28023 SW 139 Court
 2.4 CITY-ST-ZIP Homestead, FL. 33032

3.1 TITLE SD Change Addition
 3.2 NAME Ana Vanegas
 3.3 STREET ADDRESS 28120 SW 141 Place
 3.4 CITY-ST-ZIP Homestead, FL. 33032

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

Gracie Sutch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

305-246-5867

Date

Daytime Phone #

CR2E037 (11/98)