

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90049 013 ****70.00

DOCUMENT # N19330

1. Entity Name

WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 924176
 HOMESTEAD FL 33092-4176

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2969871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN HOOK, RAYMOND D
C/O HARBOR MGMT SERVICES
27501 S. DIXIE HWY STE 207
NARANJA FL 33032

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** Change Addition
 NAME **Nemrod Salbor**
 STREET ADDRESS **13700 SW 62 Street #107**
 CITY-ST-ZIP **Miami, FL. 33186**

TITLE **VPD** Delete
 NAME **GARCES, JAIRO**
 STREET ADDRESS **5574 SW 122ND TERR**
 CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **S** Change Addition
 NAME **Lynn Safell**
 STREET ADDRESS **21801 SW 147 Avenue**
 CITY-ST-ZIP **Homestead, FL. 33032**

TITLE **D** Delete
 NAME **SOLA, CHARLES**
 STREET ADDRESS **28023 SW 139TH CT**
 CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **VANEGAS, ANA**
 STREET ADDRESS **28120 SW 141 PLACE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

3/14/00

Date

305 246-5867

Daytime Phone #

CR2E037 (9/99)