


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90020 001 \*\*\*\*61.25  
 05-17-2004 90020 020 \*\*\*\*35.00

**DOCUMENT # N19330**

1. Entity Name  
**WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**18106 SW 140 COURT**  
**MIAMI, FL 33033 US**

Mailing Address  
**P O BOX 440067**  
**MIAMI, FL 33144**

**24076360**



2. Principal Place of Business  
**12301 SW 132 CT**

3. Mailing Address  
**12301 SW 132 CT**

Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33186** Country  
**DADE**

Zip  
**33186** Country  
**MIAMI-DADE**

4. FEI Number  
**59-2969871**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, LUIS**  
**11890 SW 8 STREET, SUITE 100**  
**MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name  
**CARIBBEAN PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)  
**12301 SW 132 CT**

City  
**MIAMI** FL Zip  
**33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EURDANE GARCIA** **PRESIDENT** **3/18/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TAREK, NOEL</b> <b>28102 SW 140 COURT</b> <b>MIAMI, FL 33033</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ESPINO, VICTOR</b> <b>28101 SW 141 PLACE</b> <b>MIAMI, FL 33033</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ORTIZ, ELSA</b> <b>28341 SW 141 COURT</b> <b>MIAMI, FL 33033</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>JOHNSON, MONTINE</b> <b>14123 SW 280 TERRACE</b> <b>MIAMI, FL 33033</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>TEPPERMAN, MITCHELL</b> <b>20320 SW 317 STREET</b> <b>MIAMI, FL 33030</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ELIZABETH ESPINO</b> <b>28101 SW 141 PL</b> <b>MIAMI FL 33033</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>MIRIAM ANIS</b> <b>28102 SW 140 CT</b> <b>MIAMI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>OSCAR ERUARD</b> <b>20320 SW 317 ST</b> <b>MIAMI, FL 33030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>TERESA HOMSI</b> <b>12301 SW 132 CT</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 powers.

SIGNATURE: **[Signature]** **3/17/04 (305) 251-3848**

Signature and typed or printed name of signing officer or director Date Daytime Phone #