


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90313 019 \*\*\*\*61.25

**DOCUMENT # N19330**

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



Principal Place of Business 12301 SW 132 CT. MIAMI, FL 33186 US	Mailing Address 12301 SW 132 CT. MIAMI, FL 33186 US
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**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2969871	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

CARIBBEAN PROPERTY MGMT.  
 12301 SW 132 CT.  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAREK, NOEL 28102 SW 140 COURT MIAMI, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPINO, ELIZABETH 28101 SW 141 PL MIAMI, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANIS, MIRIAM 28102 SW 140 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERUARD, OSCAR 20320 SW 317 ST. MIAMI, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMSI, TERESA 12301 SW 132 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 empowered.

**SIGNATURE:** *X* *NOEL TAREK* *President* *4/27/05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #