


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 003 ****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

20011498



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02172006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
CARIBBEAN PROPERTY MGMT.
 12301 SW 132 CT.
 MIAMI, FL 33186

4. FEI Number
59-2969871 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAREK, NOEL			NAME	<i>Bojeda, Ivan</i>		
STREET ADDRESS	28102 SW 140 COURT			STREET ADDRESS	<i>14106 SW 281 Terr.</i>		
CITY-ST-ZIP	MIAMI, FL 33033			CITY-ST-ZIP	<i>MIAMI, FL 33033</i>		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESPINO, ELIZABETH			NAME			
STREET ADDRESS	28101 SW 141 PL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33033			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANIS, MIRIAM			NAME			
STREET ADDRESS	28102 SW 140 CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERUARD, OSCAR			NAME			
STREET ADDRESS	20320 SW 317 ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33033			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOMSI, TERESA			NAME			
STREET ADDRESS	12301 SW 132 CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **Noel Tarek** *2/22/06* **305-251-3848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #