


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 038 \*\*\*\*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**

40063613



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

03282007 Chg-NP CR2E037 (12/06)

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**

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

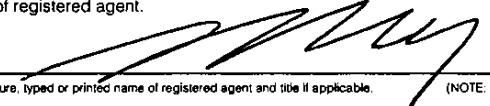
**7. Name and Address of New Registered Agent**

Name **Carlos A. Triay**

Street Address (P.O. Box Number is Not Acceptable)  
**3750 NW 87th Ave #100**

City **Doral** FL Zip Code **33178**

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 **4/13/07**

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, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	TAREK, NOEL	
STREET ADDRESS	28102 SW 140 COURT	
CITY-ST-ZIP	MIAMI, FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OVEDA, IVAN	
STREET ADDRESS	14106 SW 281 TERR	
CITY-ST-ZIP	MIAMI, FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANIS, MIRIAM	
STREET ADDRESS	28102 SW 140 CT.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ERUARD, OSCAR	
STREET ADDRESS	20320 SW 317 ST.	
CITY-ST-ZIP	MIAMI, FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOMSI, TERESA	
STREET ADDRESS	12301 SW 132 CT.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ivan Oveda	
STREET ADDRESS	14106 SW 281 St Terr.	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jairo Garces	
STREET ADDRESS	13943 SW 281 Terr	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isabel Hidalgo	
STREET ADDRESS	28019 SW 139th Court	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dilwina Lew Kowicz	
STREET ADDRESS	14005 SW 280th Terr	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **NOEL TAREK** DATE: **4/3/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #