2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 06, 2008 DOCUMENT# N19330 Secretary of State

Entity Name: WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12301 SW 132 CT. 12301 SW132 CT MIAMI, FL 33186 MIAMI, FL 33186 US US

Current Mailing Address: New Mailing Address:

12301 SW 132 CT. MIAMI, FL 33186 US

FEI Number: 59-2969871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIAY, CARLOS A TAREK, NOEL J 16449 SW 95 ST 3750 NW 87TH AVE #100 DORAL, FL 33178 MIAMI, FL 33196 US

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: NOEL TAREK 11/06/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

TAREK, NOEL TAREK, NOEL Name: Name: 28102 SW 140 COURT Address: 16449 SW 95 ST Address: City-St-Zip: MIAMI, FL 33033 City-St-Zip: MIAMI, FL 33196

Title: VPD () Delete Title: () Change () Addition

GARCES, JAIRO Name: Name: Address: 13943 SW 281 TERR Address: City-St-Zip: MIAMI, FL 33033 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CHRISTIAN, DARRELL Name: LEWKOWICZ, DILUVINA Name: 18901 SW 359 STREET 14005 SW 280 TER Address: Address: City-St-Zip: HOMESTEAD, FL 33037 City-St-Zip: MIAMI, FL 33033

Title: PTD () Delete Title: (X) Change () Addition

Name: SAKOWITZ, ROBERT Name: SAKOWITZ, ROBERT Address: 12841 S. CALUSA DRIVE Address: 12841 S. CALUSA DRIVE

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: () Change (X) Addition

CHRISTIAN, DARRELL Name: Name: 28102 SW 141 CT Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWKOWICZ DILUVINA S 11/06/2008