

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19330

FILED
Apr 21, 2009
Secretary of State

Entity Name: WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

12301 SW132 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12301 SW 132 CT.
MIAMI, FL 33186 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TRIAIY, CARLOS A
3750 NW 87 AVE
100
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SAKOWITZ, ROBERT
Address: 12841 S. CALUSA CLUB DR.
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: GARCES, JAIRO
Address: 13943 SW 281 TERR
City-St-Zip: MIAMI, FL 33033

Title: SD () Delete
Name: CHRISTIANS, DARRELL
Address: 18901 SW 359 ST
City-St-Zip: HOMESTEAD, FL 33037

Title: D () Delete
Name: LEWKOWICZ, DILUVINA
Address: 14005 SW 280 TERR
City-St-Zip: MIAMI, FL 33033

Title: D () Delete
Name: TAREK, NOEL
Address: 16449 SW 95 ST
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CHRISTIAN, DARRELL
Address: 18901 SW 359 ST
City-St-Zip: HOMESTEAD, FL 33037

Title: D (X) Change () Addition
Name: SAKOWITZ, RUTH
Address: 8650 SW 84 CT
City-St-Zip: MIAMI, FL 33143 US

Title: D (X) Change () Addition
Name: SALDANAS, NEMROD
Address: 3250 NW 86 ST
City-St-Zip: MIAMI, FL 33147 US

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: ROBERT SAKOWITZ

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date