## MOT-FOR-PROFIT CORPORATION

	MIFORM BUSIN	ESS REPOR'	T (UBR)		د سکومهی کیورون			_
DOCU	IMENT # N19330					Ą	LED	·
Wate	rside Townhomes Co	ciation,	Inc	03 JAM 23 AM 9: 19				
	DO NOT WRITE		SECRETALY OF STATE TALLAHASSEF FLORIDA					
2. Principal Place of Business 18106 SW 140 Court		3. Mailing Address P.O.Box 440067						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Miami, FL		City & State Miami, Fl			4. FEI Number 59296987	1		Applied For Not Applicable
Zip 33033	Country U.S.A.	Zip 33144	Country U.S.A		5. Certificate of St	tatus Desired		75 Additional Required
				7	. Name and Addre	ss of Current Re	gistered Age	nt
			Name					
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ن <del>بران المجذب د</del>			Street Ad	oress_(P.	OBox.Number.is t	NOT Acceptable)		
	118	11890 SW 8 Street Suite 100						
4			City	iami, $\mathbf{FL} \stackrel{\text{Zip Code}}{33184}$				
8. The above	e named entity/submits this statement to	r the purpose of changing it	s registered office or r	registered	d agent, or both, in	the state of Florida	1,	
SIGNATURE	Signature, tyled or printed name dogustered agent	and title if applicable. (NO	TE: Registered Agent signature	re required wi		ember 11	, 2002 DATE	
	FEE IS \$61.25 Initial or Amended UBR		ampaign Financing Contribution.		55.00 May Be Added to Fees	· · · · · · · · · · · · · · · · · · ·	Check Pay artment of	and the state of t
10.	OFFICERS AND DIF	RECTORS	ENDER SERVE	344	· · · · · · · · · · · · · · · · · · ·	。11年1月1日日本		Starts Starts
TITLE NAME STREET ADORESS CITY-ST-ZIP	P/D Noel Tarek 28102 SW 140 Cour Miami, Fl 33033	rt :	TITLE:  NAME  SIREET ADDRESS  CITY_SI-ZIP		94.450 607.82710	109 <b>42</b> -0107 <del>9</del> -0	4045 16 **26	.25
TITLE	V/P	T	TITLE .				<del></del>	<del></del>
NAME	Victor Espino	NAME ***						
STREET ADDRESS	28101 SW 141 Plac	STREET ADDRESS	<b>500009424045</b> 12/09/0201/12001 **35.00					
CITY-ST-ZIP	Miami. Fl 33033	-C	CITY-ST-ZIP		15/09/05-	-011120	11: **35	្រុបប
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NAME	Elsa Ortiz		NAME					
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NAME	Montine Johnson	ائېلىدى يىلىمى يې ساساللىق	NAME			'HIS SF	AUE	
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CITY-ST-ZIP	20320 SW 317 Stre   Miami, FL 33030	STREET ADDRESS CITY-ST-ZIP			3. 经证券署	传统 秦		
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NAME			NAME		第2条代表			The i
STREET ADDRESS			STREET ADDRESS	2004				
CITY-ST-78P		شيشي بالمسيد وراد	- CITY ST. 7ID	通用的证	CHARLEST !			第35%。

12. 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 on an attacked the production of 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 on an attacked to the production of the receiver of the production of the productio attachment with an address, with all other like empowered.

SIGNATURE:

11/27/02 (786) 256-4813



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DEC ( & . T.

December 11, 2002

WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC. P O BOX 440067 MIAMI, FL 33144

SUBJECT: WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC. Ref. Number: N19330

We have received your document for WATERSIDE TOWNHOMES COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee for an amended annual report/uniform business report is \$61.25.

There is a balance due of \$26.25.

Please note that an additional \$61.25 must be submitted to cover the filing fee for the year 2003 if your reinstatement is not returned prior to January 1, 2003.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 802A00065498