

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29416** (7)

1. Corporation Name
WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **132 WATERSIDE DR. HYPOLUXO FL 33462 US**
Mailing Address: **132 WATERSIDE DR. HYPOLUXO FL 33462 US**

3. Date Incorporated or Qualified: **11/23/1988**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0118157**
Applied For: Not Applicable

City & State: **23**
City & State: **27**

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

Zip: **24** Country: **25** Zip: **29** Country: **30**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JEAN-PIERRE ROY
807 WATERSIDE DR
HYPOLUXO FL 33462-6160**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE*	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-PIERRE, ROY	1.2 NAME	
STREET ADDRESS	807 NWATERSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HYPOLUXO FL 60	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND, DURAND	2.2 NAME	
STREET ADDRESS	548 WATERSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HYPOLUXO FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSELIN, ROGER	3.2 NAME	DESJARDINS YVAN
STREET ADDRESS	400 WATERSIDE DR	3.3 STREET ADDRESS	434 WATERSIDE DRIVE
CITY-ST-ZIP	HYPOLUXO FL	3.4 CITY-ST-ZIP	HYPOLUXO FL. 33462
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	800001778588
CITY-ST-ZIP		4.4 CITY-ST-ZIP	04/12/96-01061-007
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roland Durand 03-27-96 (407) 582-6765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day's Daytime Phone #

CR2E037 (12/95)

4-12-96