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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14844 (7)
1. Corporation Name
WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088	Mailing Address C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088
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3. Date Incorporated or Qualified 05/09/1986	3a. Date of Last Report 03/22/1996
4. FEI Number 65-0016575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**LANG MANAGEMENT CO., INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	DOMAGALA, JEAN
STREET ADDRESS	2199 NW 59 ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SINGERMAN, DEBORAH
STREET ADDRESS	5493 NW 23 AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MURSTEIN, MARGIE
STREET ADDRESS	2297 NW 55TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROTH, HELEN
STREET ADDRESS	5800 NW 23 AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PARISI, CATHY
STREET ADDRESS	2197 NW 59TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOMAGALA, JEAN
1.3 STREET ADDRESS	2199 N.W. 59TH ST.
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SINGERMAN, DEBORAH
2.3 STREET ADDRESS	5493 N.W. 23 AVE
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496
3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURSTEIN, MARGIE
3.3 STREET ADDRESS	2297 N.W. 55TH ST.
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROTH, HELEN
4.3 STREET ADDRESS	5800 N.W. 23 AVE
4.4 CITY-ST-ZIP	BOCA RATON, FL 33496
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PARISI, CATHY
5.3 STREET ADDRESS	2197 N.W. 59TH ST.
5.4 CITY-ST-ZIP	BOCA RATON, FL 33496
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 _____ 3/19/97 2197 NW 59TH ST

CR2E037 (9/96)