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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763233 (4)

1. Corporation Name
**WATER VIEW CONDOMINIUM ASSOCIATION OF INDIAN SHO
RES, INC.**

Principal Place of Business 19925 GULF BLVD INDIAN SHORES FL 33785 US	Mailing Address C/O PAREKH, COMMONS-CO 2700 EAST BAY DR #107 LARGO FL 33771 US
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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

**WEATHERLOW, WILLIAM W
48001 GULF BLVD, SUITE D
REDINGTON SHORES FL 33708**

3. Date Incorporated or Qualified 05/11/1982	Applied For
4. FEI Number 59-2371486	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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name Gary Fako
82 Street Address (P.O. Box Number is Not Acceptable) 4254 Golf Club Lane
83
84 City Tampa
85 State FL
86 Zip Code 33624

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 **GARY FAKO** *Gary Fako* DATE **2-17-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD CARPENTER, GENE A
STREET ADDRESS	1925 STERLING PLACE
CITY-ST-ZIP	LANCASTER PA 17601
TITLE	<input type="checkbox"/> DELETE
NAME	VD MANORE, JOANN
STREET ADDRESS	1103 MAPLE WAY DRIVE
CITY-ST-ZIP	TEMPERANCE MI
TITLE	<input type="checkbox"/> DELETE
NAME	STD JAMES, SHARON
STREET ADDRESS	C O JACK COLLINS 2001 GULF BLVD
CITY-ST-ZIP	INDIAN SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D AUSTIN, OWEN
STREET ADDRESS	19925 GULF BLVD., 507
CITY-ST-ZIP	INDIAN SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D FAKO, GARY
STREET ADDRESS	4254 GOLF CLUB LANE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	48182
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33785
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33785
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33624
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 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: *Gary Fako* **2-17-98** **813-943-8899**

CR2E037 (10/97)