


FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088</b>	Mailing Address <b>C/O LANG MANAGEMENT CO. INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088</b>
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3. Date Incorporated or Qualified <b>05/09/1986</b>	4. FEI Number <b>65-0016575</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LANG MANAGEMENT CO., INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33496</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	STD	<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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURSTEIN, MARGIE	
STREET ADDRESS	2297 NW 55TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOMAGALA, JEAN	
1.3 STREET ADDRESS	2199 NW 59TH ST	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROTH, HELEN	
2.3 STREET ADDRESS	5800 NW 23RD AVE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
3.1 TITLE	ST D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARISI, CATHY	
3.3 STREET ADDRESS	2197 NW 59TH ST.	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SINGERMAN, DEBORAH	
4.3 STREET ADDRESS	5493 N.W. 23RD AVE	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PLOSHNICK, JOAN	
5.3 STREET ADDRESS	5730 NW 22 AVE	
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 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: *Jeann Domagala* JEAN DOMAGALA 3/20/98 241 0350

CR2E037 (10/97)