

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90045 037 ****70.00

DOCUMENT # N14844 1. Entity Name WATER OAK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="position: relative;"> <div style="position: absolute; top: -20px; left: 0;"> LANG IV DATE APPROVED G.L. ACCT. # INITIALS </div> <div style="position: absolute; top: -20px; right: 0;"> 50027064 </div> </div>	
City & State		City & State		1st MOORE CR2E037 (10/04)	
Zip		Country		4. FEI Number 65-0016575	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent - WILLIAM K. ISAACSON 21045 COMMERCIAL TRAIL BOCA RATON FL 33486				7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINGEMAN, MORT 5493 NW 23RD AVENUE BOCA RATON FL 33496 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHMAN, STEVEN 5601 NW 23RD AVENUE BOCA RATON FL 33496 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOOKMAN, PHILLIP H 2301 N.W. 59 STREET BOCA RATON FL 33496 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATER, MIRIAM 2296 NW 55TH ST BOCA RATON FL 33496 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIGEL, SHELDON 2199 NW 59TH ST BOCA RATON FL 33496 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>STEVEN FISHMAN</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					