## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90305 023 \*\*\*\*61.25

DOCUMENT # 734740  1. Entity Name WATER GLADES 100 CONDOMINIUM ASSOCIATION, INC.				04	4-18-2005 90305 023 ****	61.25	
Principal Place of Business 5540 N. OCEAN DR. SINGER ISLAND, FL 33404-2551 US  Mailing Address 5540 N. OCEAN DR. SINGER ISLAND, FL 33404-2551 US SINGER ISLAND, FL 3340			33404-2551 US				
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg	-NP CR2E037 (10/03)		
City & State		City & State		4. FEI Number		oplied For	
Zip	Country	Zip	Country	59-1632661	\$9.75	ot Applicable	
	6. Name and Address of Current	Pagistared Agent	<u>.l.</u>	5. Certificate of Statu	Fee Require		
			Name	7. Name and Addres	ss of New Registered Agent		
JAY STEVEN LEVINE, P.A. 2500 N MILITARY TRAIL, SUITE 490			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
BOCA RA	TON, FL 33431			•			
			City		FL Zip Cod	le	
	e named entity submits this statement for	or the purpose of changing	its registered office or regi	stered agent, or both, in the	e State of Florida. I am familiar with,	and accept	
the obliga	and or registored again.						
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signature req	uired when reinstating)	DATE	•	
SIGNATORE '.		9. Election C	OTE: Registered Agent signature requampaign Financing	\$5.00 May Be Added to Fees	Make check payable to		
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election C Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Make check payable to Florida Department of St TO OFFICERS AND DIRECTORS IN	tate	
10. TIILE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI VP MADONIA, PETER DR	9. Election C	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of St	tate	
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indicated on this report or supplied with this into oces not quality for the exemption stated in Section 119.07(3)(i). Horida 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 Ortapter 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: \_

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>561 845-238</u>0