


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90010 019 \*\*\*\*61.25

<b>DOCUMENT # 734352</b> 1. Entity Name <b>WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5540 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404-2551</b>			Mailing Address <b>5540 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404-2551</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JAY STEVEN LEVINE, P.A. 2500 N. MILITARY TRAIL, STE 490 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLT, JOHN <input checked="" type="checkbox"/> Delete 5510 N. OCEAN DRIVE 2-B SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT STEIN 5550 N. OCEAN DR #20 B SINGER ISLAND FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PINARD, RAY 5540 N. OCEAN DR #15-B SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition MC CULLOCH, BOB 5540 N OCEAN DRIVE 7B SINGER ISLAND, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIAMBALVO, BARBARA 5510 N. OCEAN DRIVE 6-D SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GIAMBALVO, BARBARA 5510 N OCEAN DRIVE 6D SINGER ISLAND FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FELICENA, PETER 5510 N OCEAN DRIVE SINGER ISLAND, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD ROACH, STEVE 5540 N OCEAN DRIVE 16D SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUCE, WILLIAM 5550 N OCEAN DR 18B SINGER ISLAND, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD PALAZZO, JACK 5540 N OCEAN DRIVE 17D SINGER ISLAND, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SACCI, TONY 5510 N OCEAN DRIVE 25B SINGER ISLAND, FL 33404	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Pin Felimena</i>			Date: <i>1/29/08</i> Daytime Phone #: <i>361-895-231</i>		