

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734352

**Entity Name:** WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5544 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404-2551**Current Mailing Address:**5544 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404-2551 US**FEI Number:** 59-1628829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHORR, MARK  
800 SE 3RD AVE #300  
FORT LUADERDALE, FL 33316 US*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.***SIGNATURE:** MARK SCHORR

04/03/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BRADT, JOSEPH  
Address       5544 N OCEAN DR  
City-State-Zip: SINGER ISLAND FL 33404

Title           DIRECTOR  
Name           PASSERINI, JOHN  
Address       5544 N OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title           VP  
Name           STEIN, ROBERT  
Address       5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title           DIRECTOR  
Name           PINARD, RAY  
Address       5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title           DIRECTOR  
Name           WALTER, JOHN  
Address       5544 N OCEAN DR  
City-State-Zip: SINGER ISLAND FL 33404

Title           DIRECTOR  
Name           SCHILLER, JUDITH  
Address       5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title           PRESIDENT  
Name           SPIRITIS, GLEN  
Address       5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title           SECRETARY  
Name           KOTSOL, PAUL  
Address       5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLEN SPIRITIS**PRESIDENT**

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MACKIEWICZ, TOM
Address	5544 N. OCEAN DRIVE
City-State-Zip:	SINGER ISLAND FL 33404