FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 701951

| 1. Corporation Name WATERVIEW LODGE TWO INC | | | | | * | | | · | |
|---|--|--|------------------------|---|----------|---|---------------------------------|------------|--|
| Principal Place 331 SE 15TH S POMPANO BCH US | Mailing Address 331 SE 15TH ST. APT. 218 POMPANO BCH FL 33060 US | 15TH ST. 18 | | | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | · Mailing Address | | | 3. Date Incorporated or Qualifed 01/25/1951 | | | |
| 21 | | 26 | | <u> </u> | | 4. FEI Number | Apr | lied For | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | A | | | - 59-1981614 | . - + | Applicable | |
| City & Stat | | City & State | | | | | \$8.75 A | , , | |
| 23 | | 28 | | | | 5. Certificate of Status Desired | Fee Rec | | |
| Zip | Country Zip | | | у | | 6. Election Campaign Financing Trust Fund Contribution | ing \$5.00 May Be Added to Fees | | |
| 24 | 9. Name and Address of Current | <u> </u> | <u> </u> | | | 10. Name and Address of New Registere | d Agent | | |
| | Harris and Madicas at Salitan | | 8 | Name | | | | | |
| HOLZ, FRANCES | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 331 SE 15TH ST | | | Ľ | 52 Galet Address (* .O. Dox Hallison in 1951) | | | | | |
| APT 218 | | | 8: | 3 | | | | • | |
| | BEACH FL 33060 | | 8 | 4 City | | F | 85 Zip C | ode | |
| -46 | to the provisions of Sections 617.0902 registered agent, or both, in the State or m familiar with, and accept the obligation Signature, typed or printed name of registered agent | f Florida. Such change was aut ons of, Section 617.0503, Florid | nonzeo b la Statute | y the corp | oration | ration submits this statement for the purpose n's board of directors. I hereby accept the app when reinstating) DATE | Cintillent as rog | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | D DELETE | | | | P | | Change | ☐ Addition | |
| NAME | RICCITELLI, ANGELO | | | | WA | LSH, EUGENE | | | |
| STREET ADDRESS | 331 SE 15TH ST | | | ET ADDRESS | | 1 SE 15th St 📜 | • | 1 | |
| CITY-ST-ZIP | POMPANO BEACH FL | | | ST-ZIP | | mpano Beach, FL | Change | Addition | |
| TITLE | D □ DELETE | | | | s/ | 'Ď | Circularide | Addition [| |
| NAME | GRAY, PATRICK | | 2.2 NAME | | | LZ, FRANCES | | , | |
| STREET ADDRESS | 331 SE 15TH ST | | | ET ADDRESS | 100 | 1 SE 15th St | | [| |
| CITY-ST-ZIP | POMPANO BEACH FL | | | -ST-ZIP S | Po | mpano Beach, FL | Change | Addition | |
| TITLE | O | | 3.1 TITLE 3.2 NAME | | D | | | _ | |
| NAME | LLOYD, MERTIE 331 SE 15H ST | | | Et address | DA | NIELI, DOMINIC | • | | |
| STREET ADDRESS CITY-ST-ZIP | POMPANO BEACH, FL 00000 | | 3,4. CITY | | 33 | SI SE 15th St | • | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Po | mpano Beach, FL | ☐ Change | Addition | |
| NAME | RENAUD, GUY | | 4, 2 NAM | E , ,,,, | | | | ì | |
| STREET ADDRESS | AAA AE JETU AT | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | POMPANO BEACH, FL 00000 | | 4,4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | ☐ Addition | |
| NAME | j | | 5.2 NAME | Ē | } | • | | ļ | |
| STREET ADDRESS | i | | | ET ADDRESS | 1 | | | i | |
| CITY-ST-ZIP | <u> </u> | | 5.4 CITY- | | ↓ | · | | — | |
| TITLE | | DELETE | 6.1 TITLE | | - | . - | Change | ☐ Addition | |
| The second of the second | Literature to both their | | 6.2 NAME | | I | • • | | | |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 approach 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 occiver of trustee empowered to execute this error 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90160 044 ****61.25