

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

**FILED**

**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725974**

1. Entity Name

UNIT NUMBER TWO WATERGATE ASSOCIATION, INC.



Principal Place of Business

11996 CORAL PLACE  
BOCA RATON FL 33428

Mailing Address

11996 CORAL PLACE  
BOCA RATON FL 33428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

30-4505522

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAIZ, ELAINE  
11996 CORAL PLACE  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | KLUEFER, BERNARD       |                                 |
| STREET ADDRESS | 22992 TRADEWIND ROAD   |                                 |
| CITY- ST- ZIP  | BOCA RATON FL          |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | BERRY, NANCY           |                                 |
| STREET ADDRESS | 23050 WATERGATE CIRCLE |                                 |
| CITY- ST- ZIP  | BOCA RATON FL          |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CAPELLANI, JOAN        |                                 |
| STREET ADDRESS | 22872 NEPTUNE RD       |                                 |
| CITY- ST- ZIP  | BOCA RATON FL 33428    |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | CAPELLAN, PETER        |                                 |
| STREET ADDRESS | 22872 NEPTUNE RD       |                                 |
| CITY- ST- ZIP  | BOCA RATON FL 33428    |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | SAIZ, ELAINE           |                                 |
| STREET ADDRESS | 11996 CORAL PLACE      |                                 |
| CITY- ST- ZIP  | BOCA RATON FL 33428    |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY- ST- ZIP  |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |   |
|----------------|--------------------------|---|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | U00000204318             |   |
| STREET ADDRESS | 01/29/05-80067-006 70.00 |   |
| CITY- ST- ZIP  |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY- ST- ZIP  |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY- ST- ZIP  |                          |   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY- ST- ZIP  |                          |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Elaine Saiz* (ELAINE SAIZ)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

561-483  
8795

File

Daytime Phone #