

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12: 19

DOCUMENT # **727086** (1)

1. Corporation Name
WATERWAY ISLES CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**3860 NE 170TH ST
APT. 305
N MIAMI BCH FL 33160**

3. Date Incorporated or Qualified **08/02/1973** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-1881818** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Decried \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHARPSTEIN, EUGENE
3860 NE 170TH ST.
#212
N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	SHARPSTEIN, EUGENE
STREET ADDRESS	3860 NE 170TH ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	VP
NAME	LEVINE, LYDIA
STREET ADDRESS	3860 NE 170TH ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	HART, OLIVIA
STREET ADDRESS	3860 NE 170TH ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	POWERS, ESTER LEE
STREET ADDRESS	3860 NE 170TH ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	VP
NAME	HOWELL, PHYLLIS
STREET ADDRESS	3860 NE 170 ST
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D
NAME	KORNFELD, BERTHA
STREET ADDRESS	3860 NE 170 ST
CITY-ST-ZIP	N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T MANSOUR EGHBAL
1.3 STREET ADDRESS	3860 N.E. 170 ST.
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANNE ENOS
2.3 STREET ADDRESS	3860 N.E. 170 ST.
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LYDIA KUHN
3.3 STREET ADDRESS	3860 N.E. 170 ST.
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KATHRINE BENEDETTO
4.3 STREET ADDRESS	3860 N.E. 170 ST.
4.4 CITY-ST-ZIP	
5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARLENE BERLLEY
5.3 STREET ADDRESS	3860 N.E. 170 ST.
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARGARET OSMICK
6.3 STREET ADDRESS	3860 N.E. 170 ST.
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE: **MANSOUR EGHBAL** 01-26-95 305-375-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Year