

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 727086 (1)

1. Corporation Name

WATERWAY ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3860 NE 170TH ST
APT. 305
N MIAMI BCH FL 33160

3860 NE 170TH ST
APT. 305
N MIAMI BCH FL 33160

3. Date Incorporated or Qualified
08/02/1973

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

303

27

303

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1881818

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARPSTEIN, EUGENE
3860 NE 170TH ST.
#212
N. MIAMI BEACH FL 33160

81 Name LEVINE, LYDIA
82 Street Address (P.O. Box Number is Not Acceptable)
3860 NE 170TH ST
83 APT 303
84 City N. MIAMI BEACH FL 85 Zip Code 33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Lydia G. Levine

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MANSOUR, EGHBAL	
STREET ADDRESS	3880 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEVINE, LYDIA	
STREET ADDRESS	3860 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ENOS, ANNE	
STREET ADDRESS	3860 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, ESTER LEE	
STREET ADDRESS	3860 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUHN, LYDIA	
STREET ADDRESS	3860 NE 170 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENEDETTO, KATHRINE	
STREET ADDRESS	3860 NE 170 ST	
CITY-ST-ZIP	N MIAMI BCH FL	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICCI, DONATO A.	
1.3 STREET ADDRESS	3860 NE 170TH ST.	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICCI, INGRID A.	
3.3 STREET ADDRESS	3860 NE 170TH ST.	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SERAYDAR, Robert	
4.3 STREET ADDRESS	3860 NE 170TH ST.	
4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	200001897322	
5.4 CITY-ST-ZIP	-07/18/96--01008--016	
	***61.25	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donato A. Ricci* Donato A. Ricci Treasurer 4/29/96 305 947-6984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (12/95)