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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727086 (1)
 1. Corporation Name
WATERWAY ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3860 NE 170TH ST #402 N MIAMI BCH FL 33160 US	Mailing Address 3860 NE 170TH ST #402 N MIAMI BCH FL 33160 US
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3. Date Incorporated or Qualified 08/02/1973		
4. FEI Number 59-1881818	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
RICCI, DONATO A.
3860 NE 170 ST #402
N MIAMI BCH 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
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANADO, PLINO M.	
STREET ADDRESS	3860 NE 170ST #310	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, LYDIA	
STREET ADDRESS	3860 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICCI, INGRID A	
STREET ADDRESS	3860 NE 170TH ST	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUHN, LYDIA	
STREET ADDRESS	3860 NE 170 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENEDETTO, KATHRINE	
STREET ADDRESS	3860 NE 170 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHELE A. TSIOTSIAS	
2.3 STREET ADDRESS	3860 NE 170ST #302	
2.4 CITY-ST-ZIP	N MB FL 33160	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONATO A. RICCI	
3.3 STREET ADDRESS	3860 NE 170 ST 402	
3.4 CITY-ST-ZIP	NMB, FL 33160	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEATA REYES	
4.3 STREET ADDRESS	3860 NE 170ST #209	
4.4 CITY-ST-ZIP	NMB, FL 33160	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	OLIVIA HART	
5.3 STREET ADDRESS	3860 NE 170ST #407	
5.4 CITY-ST-ZIP	NMB, FL 33160	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PHYLLIS HOWELL	
6.3 STREET ADDRESS	3860 NE 170ST #409	
6.4 CITY-ST-ZIP	NMB FL 33160	

14. I hereby certify that the information supplied with this filing does not qualify 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 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 Ricci **REQUIRED** 2-3-98 305 9476984

CR2E037 (10/97)