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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727086

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/02/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1881818
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICCI, DONATO A. 3860 NE 170 ST #402 N MIAMI BCH FL 33160		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADO, PLINO M.	1.2 NAME	
STREET ADDRESS	3860 NE 170ST #310	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSIOTSIAS, MICHELE A	2.2 NAME	LEVINE, LYDIA
STREET ADDRESS	3860 NE 170TH ST.	2.3 STREET ADDRESS	3860 NE 170 ST # 303
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RICCI, INGRID A	3.2 NAME	
STREET ADDRESS	3860 NE 170TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33160	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	REYES, BEATA	4.2 NAME	
STREET ADDRESS	3860 NE 170 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33160	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, OLIVIA	5.2 NAME	KUHN, LYDIA
STREET ADDRESS	3860 NE 170 ST #407	5.3 STREET ADDRESS	3806 NE 170ST # 305
CITY-ST-ZIP	N MIAMI BCH FL 33160	5.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, PHYLLIS	6.2 NAME	OEMKE, MARGARET
STREET ADDRESS	3860 NE 170 ST #409	6.3 STREET ADDRESS	3860 NE 170 ST # 309
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	6.4 CITY-ST-ZIP	N MIAMI BEACH, 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, with all other like empowered.

SIGNATURE: Donato Ricci 1-7-99 305 947 6984
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICCI, DONATO A. TREASURER** Date Daytime Phone #

CR2E037 (11/98)