

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90048 034 ****61.25

DOCUMENT # 727086

1. Entity Name

WATERWAY ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3860 NE 170TH ST
 #402
 N MIAMI BCH FL 33160
 US

3860 NE 170TH ST
 #202
 N MIAMI BCH FL 33160
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#301

#301

City & State

City & State

N MIAMI BCH FL

N MIAMI BCH FL

Zip

Country

Zip

Country

33160

DADE

33160

DADE

4. FEI Number

59-1881818

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICCI, DONATO A.
3860 NE 170 ST
#202
N MIAMI BCH FL 33160

Name **TED DOPPELT**

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

3860 NE 170TH ST.

City **NORTH MIAMI BCH, FL**

Zip Code **33160**

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.

SIGNATURE

Ted Doppelt

1-12-2001

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TSIOTSIAS, NIKKO	
STREET ADDRESS	3860 NE 170ST #310	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RICCI, DONATO	
STREET ADDRESS	3860 NE 170 ST #303	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOCHMAN, RUTH	
STREET ADDRESS	3860 NE 170TH ST	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NARANJO, JUAN	
STREET ADDRESS	3860 NE 170 ST	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERCIDE, RITA	
STREET ADDRESS	3806 NE 170 ST	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHRARSTEIN, GENE	
STREET ADDRESS	3860 NE 170 ST #309	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED DOPPELT	
STREET ADDRESS	3860 NE 170TH, #301	
CITY-ST-ZIP	N. MIAMI BCH FL, 33160	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATO RICCI	
STREET ADDRESS	3860 NE 170TH, #303	
CITY-ST-ZIP	N. MIAMI BCH FL, 33160	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE SCHRAER	
STREET ADDRESS	3860 NE 170TH	
CITY-ST-ZIP	N. MIAMI BEACH FL, 33160	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR GRANADO	
STREET ADDRESS	3860 NE 170TH	
CITY-ST-ZIP	N. MIAMI BEACH FL, 33160	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGERID RICCI	
STREET ADDRESS	3860 NE 170TH	
CITY-ST-ZIP	N MIAMI BEACH FL, 33160	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENE SHARPSTEIN	
STREET ADDRESS	3860 NE 170TH, ST, #312	
CITY-ST-ZIP	NORTH MIAMI BCH, FL, 33160	

12. 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 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: *Ted Doppelt Pres.* **TED DOPPELT** **12-2001** **305-945-0701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)