

FILED
Sep 12, 2002 8:00 am
Secretary of State

07-31-2002 90104 012 ****61.25
 09-12-2002 90092 035 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **727086**
 1. Entity Name
**WATERWAY ISLES CONDOMINIUM
 ASSOCIATION INC.**

DO NOT WRITE IN THIS SPACE

980205

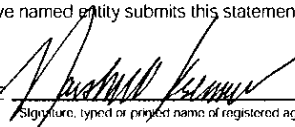
2. Principal Place of Business 3860 NE 170 th Street Suite, Apt. #, etc. #307 City & State MIAMI BEACH, FL		3. Mailing Address 40 ASSOCIATION Mgmt. Group Suite, Apt. #, etc. P.O. Box 630280 City & State MIAMI, FL	
Zip 33160	Country USA	Zip 33163-0280	Country USA

DO NOT WRITE IN THIS SPACE

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 IN THIS SPACE**

4. FEI Number 59-1881818	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name MARSHALL KREHEN	
Street Address (P.O. Box Number is Not Acceptable) 500 WEST Cypress Creek Road	
Suite 230	
City Fort Lauderdale	FL Zip Code 33309

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.

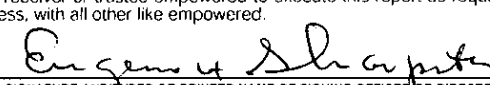
SIGNATURE  **MARSHALL KREHEN, MANAGER** 9/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GENE SHARDSTEIN 3860 NE 170 STREET - #312 NO MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P TED DOPPELT 3860 NE 170 STREET - #301 NO. MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S INGRID RICCI 3860 NE 170 STREET NO MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP CHRIS CLARKE 3860 N.E 170 STREET NO MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGAET OENKE 3860 NE 170 STREET - #309 NO. MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pete GAANADO 3860 NE 170 STREET 1 NO MIAMI BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  9/10/02
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #