

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90001 027 ****61.25

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



Principal Place of Business
 3860 NE 170TH ST
 #307
 N MIAMI BCH, FL 33160 US

Mailing Address
 C/O ASSOCIATION MGMT GROUP
 PO BOX 630280
 MIAMI, FL 33163-0280 US

54067324



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

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
KREMEN, MARSHALL
 500 WEST CYPRESS CREEK ROAD
 SUITE 230
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name **MICHAEL GOMEZ, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
LAW OFFICE OF MICHAEL GOMEZ, PA
1930 TYLER STREET
 City **HOLLY WOOD** FL Zip Code **33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOPPELT, TED 3860 NE 170TH STREET #301 NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICCI, INGRID 3860 NE 170 STREET N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCI, DONATO 3860 NW 170 STREET N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANADO, PETE 3860 NE 170 STREET N MIAMI BCH, FL 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCALL, CHRIS 3860 NE 170TH STREET N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHARPSTEIN, GENE 3860 NE 170TH STREET #312 NORTH MIAMI BCH, FL 33160 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINA HATOU 3860 NE 170 STREET - #303 N MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMESIO VELAZQUEZ 3860 NE 170 STREET - #411 N MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date

 Daytime Phone #