FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:14

DOCUMENT # **734352** **(8)**

1. Corporation Name

WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5540 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2551	5540 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2551

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1975
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1628829 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
450 AUSTRALIAN AVE.,#720
W.PALM BCH. FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	LITOFF, MEL	1.2 NAME	SAME	
STREET ADDRESS	5510 N. OCEAN DR #24C	1.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL	1.4 CITY-ST-ZIP		
TITLE	DT	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	LAFFER, ALLAN	2.2 NAME	SAME	
STREET ADDRESS	5550 N. OCEAN DRIVE #50	2.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	STILES, DON	3.2 NAME	STANLEY NOSS	
STREET ADDRESS	5510 N. OCEAN DR #11A	3.3 STREET ADDRESS	5510 N. OCEAN DR. APT#25A	
CITY-ST-ZIP	SINGER ISLAND FL	3.4 CITY-ST-ZIP	SINGER ISLAND,FL 33404	
TITLE	DVP	4.1 TITLE	DVP	☒ Change ☐ Addition
NAME	LEWIS, LEONARD	4.2 NAME	SAME	
STREET ADDRESS	5540 N. OCEAN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCULLOCH, BOB	5.2 NAME	SAME	
STREET ADDRESS	5540 NO OCEAN DR #7B	5.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	PEREZ, ALBERTO	6.2 NAME	SAME	
STREET ADDRESS	5550 N OCEAN DR #21D	6.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0010843