

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734352 (8)

1. Corporation Name

WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

5540 NORTH OCEAN DRIVE
SINGER ISLAND FL 33404-2551

Mailing Address

5540 NORTH OCEAN DRIVE
SINGER ISLAND FL 33404-2551



3. Date Incorporated or Qualified
11/18/1975

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1628829

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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 Taylor White c/o
82 Street Address (P.O. Box Number is Not Acceptable) Walton, Janiff, Schroeder & Carson
83 1645 Palm Beach Lakes Blvd.
84 City Suite 800
W.P.B. FL 85 Zip Code 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restatefing)

3/27/96

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LITOFF, MEL	
STREET ADDRESS	5510 N. OCEAN DR #24C	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAFFER, ALLAN	
STREET ADDRESS	5550 N. OCEAN DRIVE #50	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, STANLEY	
STREET ADDRESS	5510 N. OCEAN DR. APT. 25A	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEWIS, LEONARD	
STREET ADDRESS	5540 N. OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCULLOCH, BOB	
STREET ADDRESS	5540 NO OCEAN DR #7B	Same
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, ALBERTO	
STREET ADDRESS	5550 N OCEAN DR #21D	
CITY-ST-ZIP	SINGER ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sara Thomas	
1.3 STREET ADDRESS	5550 N. Ocean Dr # 15A	
1.4 CITY-ST-ZIP	Singer Island, FL 33404	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Holt	
2.3 STREET ADDRESS	5510 N. Ocean Drive	
2.4 CITY-ST-ZIP	Singer Island, FL 33404	
3.1 TITLE	D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ed Zane	
3.3 STREET ADDRESS	5540 N. Ocean Dr PHB	
3.4 CITY-ST-ZIP	Singer Island, FL 33404	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joe Hughes	
4.3 STREET ADDRESS	5550 N. Ocean Dr. #4B	
4.4 CITY-ST-ZIP	Singer Island, FL 33458	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Virginia Qamar	
5.3 STREET ADDRESS	5510 N. Ocean Dr. # 11D	
5.4 CITY-ST-ZIP	Singer Island, FL 33404	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara C. Thomas 4-3-96 407-845-2380

Date

Daytime Phone #

CR2E037 (12/95)