


3-17-97 B-3168 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1975		3a. Date of Last Report 04/08/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1628829		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAY WHITE 82 C/O WALTON LANTAFF SCHROEDER & CARSIB 1645 PALM BEACH LAKES BLVD SUITE 800 WEST PALM BEACH FL 33401				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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, SARA			1.2 NAME	HOLT, JOHN		
STREET ADDRESS	5550 N OCEAN DR #15A			1.3 STREET ADDRESS	5510 N OCEAN DRIVE UNIT 2B		
CITY-ST-ZIP	SINGER ISLAND FL			1.4 CITY-ST-ZIP	SINGER ISLAND FL 33404		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	DV 3	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLT, JOHN			2.2 NAME	SARA THOMAS		
STREET ADDRESS	5510 N OCEAN DRIVE			2.3 STREET ADDRESS	5550 N. OCEAN DR. UNIT 15A		
CITY-ST-ZIP	SINGER ISLAND FL			2.4 CITY-ST-ZIP	SINGER ISLAND FL 33404		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	DV2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZANE, ED			3.2 NAME	ROBERT MCCULLOCH		
STREET ADDRESS	5540 N OCEAN DR PHB			3.3 STREET ADDRESS	5540 N OCEAN DRIVE UNIT 7B		
CITY-ST-ZIP	SINGER ISLAND FL			3.4 CITY-ST-ZIP	SINGER ISLAND FL 33404		
TITLE	DVP	<input type="checkbox"/> DELETE		4.1 TITLE	DV1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, LEONARD			4.2 NAME	PAUL RYSAVY		
STREET ADDRESS	5540 N. OCEAN DRIVE			4.3 STREET ADDRESS	5510 N. OCEAN DRIVE UNIT 14A		
CITY-ST-ZIP	SINGER ISLAND FL			4.4 CITY-ST-ZIP	SINGER ISLAND FL 33404		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOCH, BOB			5.2 NAME	QAMAR, VIRGINIA		
STREET ADDRESS	5540 NO OCEAN DR #7B			5.3 STREET ADDRESS	5510 NORTH OCEAN DRIVE UNIT 11D		
CITY-ST-ZIP	SINGER ISLAND FL			5.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, JOE			6.2 NAME	JOE HUGHES		
STREET ADDRESS	5550 N OCEAN DR #4B			6.3 STREET ADDRESS	5550 N OCEAN DRIVE Unit 4B		
CITY-ST-ZIP	SINGER ISLAND FL			6.4 CITY-ST-ZIP	SINGER ISLAND FL 33404		

14. I do 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 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:

Joseph T. Hughes

3/12/97 5:11-0115-1300

CR2E037 (9/96)