


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>5540 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2551</b>	Mailing Address <b>5540 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2551</b>
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3. Date Incorporated or Qualified  
**11/18/1975**

4. FEI Number <b>59-1628829</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JAY WHITE 82  
C/O WALTON LANTAFF SCHROEDER & CARSIB  
1645 PALM BEACH LAKES BLVD SUITE 800  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name <b>John G. White III</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>ESPERANTE BLDG</b>
83 <b>222 LAKEVIEW DRIVE - SUITE 210</b>
84 City <b>WEST PALM BEACH</b>
85 FL 86 Zip Code <b>33401</b>

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 

**2/28/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>NAME</b>	<b>DV THOMAS, SARA</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>CITY-ST-ZIP</b>	<b>5550 N OCEAN DR UNIT 15A SINGER ISLAND FL</b>	
TITLE <b>NAME</b>	<b>DP HOLT, JOHN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>CITY-ST-ZIP</b>	<b>5510 N KOCEAN DR UNIT 28 SINGER ISLAND FL</b>	
TITLE <b>NAME</b>	<b>DS ZANE, ED</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>CITY-ST-ZIP</b>	<b>5540 N OCEAN DR PHB SINGER ISLAND FL</b>	
TITLE <b>NAME</b>	<b>DVP LEWIS, LEONARD</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>CITY-ST-ZIP</b>	<b>5540 N. OCEAN DRIVE SINGER ISLAND FL</b>	
TITLE <b>NAME</b>	<b>D MCCULLOCH, BOB</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>CITY-ST-ZIP</b>	<b>5540 NO OCEAN DR #7B SINGER ISLAND FL</b>	
TITLE <b>NAME</b>	<b>DT HUGHES, JOE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>CITY-ST-ZIP</b>	<b>5550 N OCEAN DR #4B SINGER ISLAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>NAME</b>	<b>DV #1</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>1.3 STREET ADDRESS</b>	<b>Allan Laffer 5550 N. Ocean Drive, Unit 5D</b>	
1.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>	
2.1 TITLE <b>2.2 NAME</b>	<b>DV #2</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>2.4 CITY-ST-ZIP</b>	<b>John M. Holt 5510 N. Ocean Dr., Unit 2B Singer Island, FL 33404</b>	
3.1 TITLE <b>3.2 NAME</b>	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>3.4 CITY-ST-ZIP</b>	<b>Edward E. Zane 5540 N. Ocean Drive., Unit PHB Singer Island, FL 33404</b>	
4.1 TITLE <b>4.2 NAME</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>4.4 CITY-ST-ZIP</b>	<b>Leonard Lewis 5540 N. Ocean Drive, Unit 3B Singer Island, FL 33404</b>	
5.1 TITLE <b>5.2 NAME</b>	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <b>5.4 CITY-ST-ZIP</b>	<b>Robert P. McCulloch 5540 N. Ocean Drive, Unit 7B Singer Island, FL 33404</b>	
6.1 TITLE <b>6.2 NAME</b>	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.3 STREET ADDRESS <b>6.4 CITY-ST-ZIP</b>	<b>Clarence Weil 5540 N. Ocean Drive, Unit 17D Singer Island, FL 33404</b>	

14. 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 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:  **Robert P. McCulloch** **Feb 28 1998** **561-84-2380**

CR2E037 (10/97)