

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90095 040 \*\*\*\*61.25

**DOCUMENT # 734352**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/18/1975

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAY WHITE 82  
ESPERANTE BLDG  
222 LAKEVIEW DR, SUITE 210  
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

TITLE DV ☒ DELETE

NAME LAFFER, ALLAN  
STREET ADDRESS 5550 N OCEAN DR, UNIT 5D  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE DV ☐ DELETE

NAME HOLT, JOHN  
STREET ADDRESS 5510 N KOCEAN DR UNIT 2B  
CITY-ST-ZIP SINGER ISLAND FL

TITLE DS ☐ DELETE

NAME ZANE, ED  
STREET ADDRESS 5540 N OCEAN DR PHB  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE D ☒ DELETE

NAME LEWIS, LEONARD  
STREET ADDRESS 5540 N OCEAN DR, UNIT 3B  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE DP ☒ DELETE

NAME MCCULLOCH, BOB  
STREET ADDRESS 5540 NO OCEAN DR #7B  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE DT ☒ DELETE

NAME WEIL, CLARENCE  
STREET ADDRESS 5540 N OCEAN DR, UNIT 17D  
CITY-ST-ZIP SINGER ISLAND FL 33404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☐ Change ☒ Addition

1.2 NAME Sara C. Thomas  
1.3 STREET ADDRESS 5550 N. Ocean Drive #15A  
1.4 CITY-ST-ZIP Singer Island, FL 33404

2.1 TITLE DP ☐ Change ☐ Addition

2.2 NAME John M. Holt  
2.3 STREET ADDRESS 5510 N. Ocean Drive #2B  
2.4 CITY-ST-ZIP Singer Island, FL 33404

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DT ☒ Change ☐ Addition

4.2 NAME Robert C. Malt  
4.3 STREET ADDRESS 5510 N. Ocean Drive #18B  
4.4 CITY-ST-ZIP Singer Island, FL 33404

5.1 TITLE DV ☐ Change ☒ Addition

5.2 NAME Clarence B. Weil  
5.3 STREET ADDRESS 5540 N. Ocean Drive #17D  
5.4 CITY-ST-ZIP Singer Island, FL 33404

6.1 TITLE DV ☐ Change ☒ Addition

6.2 NAME Paul Rysavy  
6.3 STREET ADDRESS 5510 N. Ocean Drive #14A  
6.4 CITY-ST-ZIP Singer Island, FL 33404

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 561-845-2380

CR2E037 (11/98)