

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90069 009 \*\*\*\*70.00

**DOCUMENT # 734352**

1. Entity 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**

**80092893**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5540 NORTH OCEAN DRIVE**

3. Mailing Address

**5540 NORTH OCEAN DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SINGER ISLAND FL**

City & State

**SINGER ISLAND FL**

4. FEI Number

**59-1628829**

Applied For

Not Applicable

Zip

**33404-2551**

Country

**US**

Zip

**33404-2551**

Country

**US**

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.  
 500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR  
 WEST PALM BEACH FL 33404**

Name

**BECKER & POLIAKOFF, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**500 AUSTRALIAN AVENUE SOUTH**

**9th FLOOR**

City

**WEST PALM BEACH**

**FL**

Zip Code  
**33401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP MALT, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5510 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	DV MCCULLOCH, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5540 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	DS MILLER, NANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5510 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	DT LAFFER, ALLAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5550 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	D ROBBINS, SAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5540 N OCEAN DR #17D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP HOLT, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5510 N OCEAN DR 2B	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	DV LAFFER, ALLAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5550 N OCEAN DR 5D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	DS RUCKERT, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5540 N OCEAN DR 4D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	DT BIFANO, FRANCIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5540 N OCEAN DR 7D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	D BECKINELLA, CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5510 N OCEAN DR 23D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE NAME	D GIAMBALVO, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5510 N OCEAN DR 6D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*SIGNATURE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/02*  
 Date

Daytime Phone #

CR2E037 (9/01)