

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90051 016 ****61.25

DOCUMENT # 734352

1. Entity 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**

94032535



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1628829

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JAY STEVEN LEVINE, P.A.
2500 N. MILITARY TRAIL, STE 490
BOCA RATON, FL 33431**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME HOLT, JOHN
STREET ADDRESS 5510 N. OCEAN DRIVE 2-B
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE D ☐ Change ☒ Addition
NAME RAY PINARD
STREET ADDRESS 5540 N. OCEAN DR. # 15B
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE DV ☐ Delete
NAME LAFFER, ALLAN
STREET ADDRESS 5550 N. OCEAN DRIVE 5-D
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME RUCKERT, WILLIAM
STREET ADDRESS 5540 N. OCEAN DRIVE 4-D
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SLUSSER, DONALD
STREET ADDRESS 5540 N. OCEAN 6B
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GIAMBALVO, BARBARA
STREET ADDRESS 5510 N. OCEAN DRIVE 6-D
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04