

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90305 024 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1628829

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2005**

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

JOHN HOLT

4-13-05

561845-2380

Date

Daytime Phone #