2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State
02-05-2008 90010 019 ****61.25

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

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOLT, JOHN 5510 N. OCEAN DRIVE 2-B SINGER ISLAND, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROBERT STEIN 5550 N. OCEAN DR #20 B SINGER ISLAND FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINARD, RAY 5540 N. OCEAN DR #15-B SINGER ISLAND, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCULLOCH, BOB 5540 N OCEAN DRIVE 7B SINGER ISLAND, FL 33404	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIAMBALVO, BARBARA 5510 N. OCEAN DRIVE 6-D SINGER ISLAND, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIAMBALVO, BARBARA 5510 N OCEAN DRIVE 6D SINGER ISLAND, FL 33404	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FELOMENA, PETER 5510 N OCEAN DRIVE SINGER ISLAND, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 ROACH, STEVE 5540 N OCEAN DRIVE 16D SINGER ISLAND, FL 33404	☐ Delete ☒ HDD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE, WILLIAM 5550 N OCEAN DR 18B SINGER ISLAND, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALAZZO, JACK 5540 N OCEAN DRIVE 17D SINGER ISLAND, FL 33404	☐ Delete ☒ ADD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SACCO, TONY 5510 N OCEAN DRIVE 25B SINGER ISLAND, FL 33404	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Peter Felomena 1/29/08 561-995-23[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #