2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734352

Apr 07, 2009 Secretary of State

Entity Name: WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5540 NORTH OCEAN DRIVE SINGER ISLAND, FL 334042551

Current Mailing Address: New Mailing Address:

5540 NORTH OCEAN DRIVE SINGER ISLAND, FL 334042551

FEI Number: 59-1628829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition STEIN, ROBERT HOLT, JOHN Name: Name:

5550 N OCEAN DR 20B Address: 5510 N OCEAN DR 2B Address: City-St-Zip: SINGER ISLAND, FL 33404 City-St-Zip: SINGER ISLAND, FL 33404

Title: Title: (X) Change () Addition () Delete

PINARD, RAY Name: PASSERINI, JOHN Name: Address: 5540 N. OCEAN DR #15-B Address: 5510 N. OCEAN DR City-St-Zip: SINGER ISLAND, FL 33404 City-St-Zip: SINGER ISLAND, FL 33404

Title: () Delete Title: (X) Change () Addition GIAMBALVO, BARBARA GIAMBALVO, BARBARA Name: Name: 5510 N. OCEAN DRIVE 6-D 5510 N. OCEAN DRIVE 6-D Address: Address:

City-St-Zip: SINGER ISLAND, FL 33404 City-St-Zip: SINGER ISLAND, FL 33404

Title: () Delete Title: DS (X) Change () Addition Name: PALAZZO, JACK Name: STOCKTON, NANCY

Address: 5540 N OCEAN DR 17D Address: 5510 N OCEAN DR City-St-Zip: WEST PALM BEACH, FL 33404 City-St-Zip: WEST PALM BEACH, FL 33404

Title: () Delete Title: (X) Change () Addition

FILOMENA, PETER ROACH, STEVE Name: Name: 5510 N OCEAN DR 5540 N OCEAN DR Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33404 City-St-Zip: WEST PALM BEACH, FL 33404

Title: (X) Delete Title: () Change () Addition

BRUCE, WILLIAM Name: Name: Address: 5550 N OCEAN DR 18B Address: WEST PALM BEACH, FL 33404 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS DE VITO Μ 04/07/2009