

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90371 001 ****70.00

0035573

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

4. FEI Number **59-1628829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES BECKINELLA	
STREET ADDRESS	5510 NORTH OCEAN DRIVE 23D	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Slusser	
STREET ADDRESS	5540 N. Ocean, 6B	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-16-03 561-845-2380

CR2E037 (10/02)