

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # 734720 (6)
1. Corporation Name
WATER GLADES 200 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
5550 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2552
5550 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2552

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/30/1975		04/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1632669		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
450 AUSTRALIAN AVE., #720
W.PALM BCH. FL 33401

10. Name and Address of New Registered Agent

81 Name: Jay White
82 Street Address (P.O. Box Number is Not Acceptable): Walton, Lantaff, Schroeder & Carson
83 1645 Palm Beach Lakes Blvd
84 Suite 800
85 City: W.P.B. FL 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when installing)

DATE

3/27/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	KAUFMAN, DORIS	
STREET ADDRESS	5550 N. OCEAN DR., #17A	
CITY - ST - ZIP	SINGER ISL FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, ALBERTO	
STREET ADDRESS	5550 N. OCEAN DR., #21-D	
CITY - ST - ZIP	SINGER ISL FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAFFER, ALLAN	
STREET ADDRESS	5550 N OCEAN DR APT. 5D	
CITY - ST - ZIP	SINGER ISL FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARBONE, PETER	
STREET ADDRESS	5550 N. OCEAN DR APT 12B	
CITY - ST - ZIP	SINGER ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, SARA	
STREET ADDRESS	5550 N. OCEAN DR., APT. 15A	
CITY - ST - ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUIR, WILLIAM	
STREET ADDRESS	5550 N OCEAN DR APT 3B	
CITY - ST - ZIP	SINGER ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D.V.P.S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Doris Kaufman	
13 STREET ADDRESS	← SAME	
14 CITY - ST - ZIP	← SAME	
21 TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Joe Hughes	
23 STREET ADDRESS	5550 N. Ocean Dr # 4B	
24 CITY - ST - ZIP	Singer Island, FL 33404	
31 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Allan Laffer	
33 STREET ADDRESS	← SAME	
34 CITY - ST - ZIP	← SAME	
41 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Peter Carbone	
43 STREET ADDRESS	← SAME	
44 CITY - ST - ZIP	← SAME	
51 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SARA Thomas	
53 STREET ADDRESS	← SAME	
54 CITY - ST - ZIP	← SAME	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara C. Thomas 4-3-96 407-845-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)