

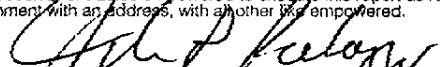


**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734720</b> 1. Entity Name <b>WATER GLADES 200 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5540 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404-2551</b>				Mailing Address <b>5540 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404-2551</b>	
2. Principal Place of Business		3. Mailing Address		  02202004    Chg-NP    CR2E037 (10/03)  4. FEI Number <b>59-1632669</b> <div style="display: flex; justify-content: space-between;"><div>Applied For</div><div>Not Applicable</div></div> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, JAY STEVEN 2500 N. MILITARY TRAIL, SUITE 490 BOCA RATON, FL 33431				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"><div><b>FL</b></div><div>Zip Code</div></div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PALAZZO, JACK 5550 NORTH OCEAN DR 17D SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">U000000091004 03/17/04-80042-012 61.25</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change</div><div><input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALLAN LAFFER 5550 N OCEAN DR 5D SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change</div><div><input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT STEIN, ROBERT 5550 N OCEAN DR 20B SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change</div><div><input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUCE, WILLIAM 5550 N OCEAN DR 18B SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change</div><div><input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBBINS, SAUL 5550 N OCEAN DR 22B/D SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change</div><div><input type="checkbox"/> Addition</div></div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COOPER, BERNICE 5550 NORTH OCEAN DR 19D SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Change</div><div><input type="checkbox"/> Addition</div></div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <span style="float: right;">3/15/04 (JBI) P4451481</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <span style="margin-left: 20px;"><small>Daytime Phone #</small></span></span>					