## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 734720** 

1. Entity Name

WATER GLADES 200 CONDOMINIUM ASSOCIATION, INC
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**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90416 043 \*\*\*\*70.00

ce of Business	Mailir	ng Address								
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Principal Place of Business     3. Mailing Address					Termina miliyara					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 50-1632660 Applied For				
						<u> </u>			Not Applicable	
Country	ا کا	p	Country		5. Certificate of St	atus Desired			tional	
6. Name and Address of	of Current Register	ed Agent			7. Name and Add	ress of New Registe	ered Agent			
& DOLLAPORE DA	~ <del></del> · •-	المحروب المحروب	Name		<u></u> -	و میسود مرسود .			- <u> </u>	
BECKER & POLÍAKOFF, P.A. 500 AUSTRALIAN AVE.			Street A	Address (F	P.O. Box Number is N	lot Acceptable)				
9TH FL										
WEST PALM BEACH FL 33401			City				FI Zip	Code		
named entity submits this st	tatement for the purp	ose of changing its	registered office of	or registere	ed agent, or both, in	the State of Florida.		with, a	nd accept	
tions of registered agent.	, ,	3 3	-5	•	,	,			,	
Signature, typed or printed name of reg	gistered agent and title if ap	olicable. (NOTI	Registered Agent signa	ature required	when reinstating)	0	ATE			
FILE NOW: FEE IS \$6	1.25									
		irust Fund C	ontribution.		Added to Fees	Florida De	epartment	01 21	ate	
	S AND DIRECTORS		11.	Α	DDITIONS/CHANGE	ES TO OFFICERS AN	D DIRECTO	RS IN 1	0	
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	N DRIVE ND FL 33404-2551  Place of Business  #, etc.  #, etc.  # POLIAKOFF, P.A.  STRALIAN AVE.  9TH FL ALM BEACH FL 33401  Place and address of the strong of registered agent.  Signature, typed or printed name of received agent.  Signature, typed or printed name of received agent.  Place is a strong of the strong of the strong of registered agent.  Signature, typed or printed name of received agent.	N DRIVE ND FL 33404-2551 SINGE ND FL 33404-2551 SINGE ND FL 33404-2551 SINGE ND FL 33404-2551 SINGE ND FL 33404-2551 SINGER ISLAND FL 33404 DR SINGER ISLAND FL 33404 DR BRUCE, WILLIAM STORM SINGER ISLAND FL 33404 DD BRUCE, WILLIAM SINGER ISLAND FL 33404 DD	N DRIVE (ND FL 33404-2551)  Singer ISLAND FL 33404-2551  Place of Business #, etc.  City & State  Country  Zip  6, Name and Address of Current Registered Agent  8 POLIAKOFF, P.A.  STRALIAN AVE.  971H FL  ALM BEACH FL 33401  enamed entity submits this statement for the purpose of changing its tions of registered agent.  Signature, typed or printed name of registered agent and title if applicable. (NOTE  FILE NOW: FEE IS \$61.25  9. Election Can Trust Fund C  OFFICERS AND DIRECTORS  VD  CARBONE, PETER  5550 N OCEAN DR 12B  SINGER ISLAND FL 33404  DPS  ALLAN LAFFER  5550 N OCEAN DR 50  SINGER ISLAND FL 33404  DT  STEIN, ROBERT  5550 N OCEAN DR 20B  SINGER ISLAND FL 33404  D  BRUCE, WILLIAM  5550 N OCEAN DR 18B  SINGER ISLAND FL 33404  D  ROBBINS, SAUL  5550 N OCEAN DR 22B/D	N DRIVE DFI 33404-2551  Standards Singer Island FL 33404-2551  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  Zip  Country  A POLIAKOFF, P.A.  Street,  Stree	N DRIVE (D FL 33404-255)  N DRIVE (D FL 33404-255)  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  6. Name and Address of Current Registered Agent  Name  8. POLIAKOFF, P.A.  STRALIAN AVE.  9TH FL  ALM BEACH FL 33401  City  enamed entity submits this statement for the purpose of changing its registered office or registered nons of registered agent.  Signature, typed or printed name of registered agent and talle if applicable.  (NOTE: Registered Agent signature required forms of registered agent.  PILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. 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Box Number is Marne Agent Agent Signature registered agent, or both, in long of registered agent.  City S State  A FEI Number 5  Country  Zip  Country  Street Address (P.O. Box Number is Marne  Street Address (P.O. Box Number is Marne  Street Address (P.O. Box Number is Marne  Tribulan Ave.  9TH FL  ALM BEACH FL 33401  City  In parad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in long of registered agent.  Signature, rysed or primed hame or registered agent agent septicable.  (INSTE Registered Agent Signature required when remaining Trust Fund Contribution.  Signature, rysed or primed hame or registered agent agent septicable.  (INSTE Registered Agent Signature required when remaining Trust Fund Contribution.  Signature, rysed or primed hame or registered agent.  Signature, rysed or primed hame or registered agent agent septicable.  (INSTE Registered Agent Signature required when remaining Trust Fund Contribution.  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12. I hereby certify that the information supplied with this filling 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 accuracy with all other like empowered.

SIGNATURE:

4-16-03