

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

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

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

**DOCUMENT # 734720**

1. Entity Name

**WATER GLADES 200 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5550 N OCEAN DRIVE  
SINGER ISLAND FL 33404-2551**

Mailing Address

**5540 N 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 **59-1632669**

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 AVE.  
SOUTH 9TH FL  
WEST PALM BEACH FL 33401**

## 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 **VD** ☒ Delete  
NAME **CARBONE, PETER**  
STREET ADDRESS **5550 N OCEAN DR 12B**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **DPS** ☐ Delete  
NAME **ALLAN LAFFER**  
STREET ADDRESS **5550 N OCEAN DR 5D**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **DT** ☐ Delete  
NAME **STEIN, ROBERT**  
STREET ADDRESS **5550 N OCEAN DR 20B**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **D** ☐ Delete  
NAME **BRUCE, WILLIAM**  
STREET ADDRESS **5550 N OCEAN DR 18B**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **D** ☐ Delete  
NAME **ROBBINS, SAUL**  
STREET ADDRESS **5550 N OCEAN DR 22B/D**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition  
NAME **JACK PALAZZO**  
STREET ADDRESS **5550 NORTH OCEAN DRIVE 17D**  
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

TITLE **DP** ☒ Change ☐ Addition  
NAME **ALLAN LAFFER**  
STREET ADDRESS **5550 NORTH OCEAN DRIVE 5D**  
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition  
NAME **BERNICE COOPER**  
STREET ADDRESS **5550 NORTH OCEAN DRIVE 19D**  
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-16-03

561-845-2380

CR2E037 (10/02)