

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 739247 1. Entity Name WATERFORD CONDOMINIUM ASSOCIATION, INC.																																																																																																																													
Principal Place of Business C/O PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address C/O PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US																																																																																																																										
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4. FEI Number 59-1756738				Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent COHEN, SYLVIA 18 WATERFORD A DELRAY BEACH, FL 33446				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 remaining) DATE																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TD</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SMALL, HERBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>157 WATERFORD G</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH, FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BREZNER, GERALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>60 WATER FORD C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>COHEN, SYLVIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18 WATERFORD A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH, FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MAKARON, SIDNEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>145 WATERFORD G</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH., FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RATHBERG, WARREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9 WATERFORD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LOPIN, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>116 WATERFORD E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33446</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	TD	☐ Delete	NAME	SMALL, HERBERT		STREET ADDRESS	157 WATERFORD G		CITY-ST-ZIP	DELRAY BCH, FL 33446		TITLE	VPD	☐ Delete	NAME	BREZNER, GERALD		STREET ADDRESS	60 WATER FORD C		CITY-ST-ZIP	DELRAY BEACH, FL 33446		TITLE	PD	☐ Delete	NAME	COHEN, SYLVIA		STREET ADDRESS	18 WATERFORD A		CITY-ST-ZIP	DELRAY BCH, FL 33446		TITLE	VD	☐ Delete	NAME	MAKARON, SIDNEY		STREET ADDRESS	145 WATERFORD G		CITY-ST-ZIP	DELRAY BCH., FL 33446		TITLE	S	☐ Delete	NAME	RATHBERG, WARREN		STREET ADDRESS	9 WATERFORD		CITY-ST-ZIP	DELRAY BEACH, FL 33446		TITLE	VPD	☐ Delete	NAME	LOPIN, JOE		STREET ADDRESS	116 WATERFORD E		CITY-ST-ZIP	DELRAY BEACH, FL 33446		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		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sylvia R Cohen</u> 2/23/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													
Daytime Phone #																																																																																																																													