FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:37

DOCUMENT # **745882** **(1)**

1. Corporation Name

OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CON DOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% SHERMAN & SHERMAN ACCT. 2550 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1430	% SHERMAN & SHERMAN ACCT. 2550 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1430

3. Date Incorporated or Qualified: 02/08/1979
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1898199 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SHERMAN & SHERMAN ACCT.	26 SHERMAN & SHERMAN ACCT.
Suite, Apt. #, etc. 22 4500 N.State Road 7 #101	Suite, Apt. #, etc. 27 4500 N. State Road 7 #101
City & State 23 Fort Lauderdale, FL 33319	City & State 28 Fort Lauderdale, FL 33319
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALBANESE, MARY LOU
4570 NW 18TH AVE, 506
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, IRVING	1.2 NAME	
STREET ADDRESS	4570 NW 18TH AVE #309	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	LONG, WILLIAM	2.2 NAME	
STREET ADDRESS	4570 NW 18TH AVE #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SEC	3.1 TITLE	☐ Change ☐ Addition
NAME	TORTORA, LUCILLE	3.2 NAME	
STREET ADDRESS	4570 NW 18TH AVE #410	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ALBANESE, MARY LOU	4.2 NAME	
STREET ADDRESS	4570 NW 18TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DACCURSO, FRANK	5.2 NAME	
STREET ADDRESS	4570 NW 18TH AVE #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CUCCIO, FRANK	6.2 NAME	
STREET ADDRESS	4550 NW 18TH AVE #206	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 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: Mary Lou Albanese TECS 1-26-95 305-785-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY LOU ALBANESE

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