FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 745882

1. Corporation Name
OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CONDOMINIUM INC.

Principal Place of Business
C/O SUNRAE MANAGEMENT
4000 N. State Rd. 7
Suite 408-A
Lauderdale Lakes, FL 33319

Mailing Address
c/oSunrae Management
4000 N. State Rd. 7
S ite 408-A
Lauderdale Lakes, FL
~~33319~~

3. Date Incorporated or Qualified	Feb. 8, 1979
3a. Date of Last Report	Feb. 2, 1995
4. FEI Number	59-189-8199 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT SERVICES, INC.
4000 N. State Road 7, Suite 408-A
Lauderdale Lakes, FL 33319

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Scott A B[illegible] — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

	Title	Name	Street Address	City-St-Zip	Delete
1	R/D	Vincent Cinquegrani	4570 NW 18th Ave., Apt. #701	Pompano Beach, FL 33064	☐
2	S/D	Sal J. Guglielmo	32 Byron Avenue	Rumford, RI 02916	☐
3	T/D	Mary Lou Albanese	4570 NW 18th Avénue, Apt. #506	Pompano Beach, FL 33064	☐
4	D/VP	Bill Long	4570 NW 18th Ave. Apt. #203	Pompano Beach, FL 33064	X
5	D	John McKeon	21 Village Lane	Colts Neck, NY 07722	X
6	D	Frank Cuccio	11S Searseville Road	Montgomery, NY 12549	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City-St-Zip	Change	Addition
1	VP/D	Vincent Cinquegrani	4570 NW 18th Ave., Apt.#701	Pompano Beach, FL 33064	X	☐
2	P/D	Sal J. Guglielmo	32 Byron Avenue	Rumford, RI 02916	X	☐
3	D	Albert Matulis	4570 NW 18th Ave., Apt. 705	Pompano Beach, FL 33064	☐	X
4	S/D	Lucille Tortora	4570 NW 18th Ave., Apt. 410	Pompano Beach, FL 33064	☐	XX
5	D	Pardo Tamilio	37 Dogwood Hollow Lane	Miller Pl. Long Island, NY 11764	☐	X
6					☐	☐

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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 MARY LOU ALBANESE 6-20-96 Tres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #