

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **745882** (1)

1. Corporation Name

OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

C/O SUNRAE MANAGEMENT
4000 N STATE ROAD 7 SUITE 408-A
LAUDERDAL LAKES FL 33319
US

C/O SUNRAE MANAGEMENT
4000 N STATE ROAD 7 SUITE 408-A
LAUDERDAL LAKES FL 33319-4804
US



3. Date Incorporated or Qualified **02/08/1979** 3a. Date of Last Report **07/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1898199	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUNRAE MANAGEMENT SERVICES, INC.
4000 N STATE ROAD 7, SUITE 408-A
LAUDERDAL LAKES FL 33319

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

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

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	VPD	1.1 TITLE	P/D
NAME	CINQUEGRANI, VINCENT	1.2 NAME	PERAGINE, JOHN
STREET ADDRESS	4570 NW 18TH AVE., APT. #701	1.3 STREET ADDRESS	4550 NW 18th Ave. #305
CITY - ST - ZIP	POMPANO BEACH FL 33064	1.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	PD	2.1 TITLE	T/D
NAME	GUGLIELMO, SAL J	2.2 NAME	ALBANESE, MARY LOU
STREET ADDRESS	32 BYRON AVENUE	2.3 STREET ADDRESS	4570 NW 18th Ave. #506
CITY - ST - ZIP	RUMFORD RI 02918	2.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	D	3.1 TITLE	D
NAME	MATULIS, ALBERT	3.2 NAME	ENGRASSIA, LUCILLE
STREET ADDRESS	4750 NW 18TH AVE., APT. 705	3.3 STREET ADDRESS	4550 NW 18th Ave. #603
CITY - ST - ZIP	POMPANO BEACH FL 33064	3.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	SD	4.1 TITLE	D
NAME	TORTORA, LUCILLE	4.2 NAME	HESS, MARY
STREET ADDRESS	4570 NW 18TH AVE. APT 410	4.3 STREET ADDRESS	4550 NW 18th Ave. #103
CITY - ST - ZIP	POMPANO BEACH FL 33064	4.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	D	5.1 TITLE	D
NAME	TAMILIO, PARDO	5.2 NAME	STONE, HUGUETTE S.
STREET ADDRESS	37 DOGWOOD HOLLOW LANE	5.3 STREET ADDRESS	4550 NW 18th Ave. #701
CITY - ST - ZIP	MILLER PL. LONG ISLAND NY 11764	5.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	D	6.1 TITLE	V/P/D
NAME	CUCCIO, FRANK	6.2 NAME	CUCCIO, FRANK
STREET ADDRESS	11S SEARSEVILLE ROAD	6.3 STREET ADDRESS	4550 NW 18th Ave. #206
CITY - ST - ZIP	MONTGOMERY NY 12549	6.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY LOU ALBANESE 3-31-97
Date

Daytime Phone # 0035156

CR2E037 (3/96)