FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(1)

OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CON DOMINIUM, INC.

FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
C/O SUNRAE MANAGEMENT 4000 N STATE ROAD 7 SUITE 408-A LAUDERDAL LAKES FL 33319	C/O SUNRAE MANAGEMENT 4000 N STATE ROAD 7 SUITE 408-A LAUDERDAL LAKES FL 33319 US		3. Date Incorporated or Qualified 02/08/1979				
US			4. FEI Number Applied For 59-1898199 Not Applica				
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address 26			\$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State City & State 28			7. Is this nonprofit corporation a homeowners association?				
Zip Country 24 25	29 30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent					
CURIDAD MANACEMENT CONTOCO INC		81 Name					
SUNRAE MANAGEMENT SERVICES, INC. 4000 N STATE ROAD 7, SUITE 408-A		82 Street Address (P.O. Box Number is Not Acceptable)					
LAUDERDAL LAKES FL 33319		83					

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 heard 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											
12.	OFFICERS AND DIRECTORS	DELETE	13.	178	HANGES TO OFFICER						
TITLE	PD	☐ Dereis	1.1 TITLE	HIMIETTE	سود ر پرسیس	Change	Addition				
NAME	PERAGINE, JOHN		1.2 NAME	rigozinz	SIONE						
STREET ADDRESS	4550 NW 18TH AVE, #305		1.3 STREET ADDRESS	4550 N.W	18Th Ave	# 701					
CITY-\$T-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	HUGUETTE 4550 N.W Pompano Bea	rch Fl 33c	064					
TITLE	TD	DELETE	2.1 TITLE	/		☐ Change	Addition				
NAME	ALBANESE, MARY L		2.2 NAME								
STREET ADDRESS	4570 NW 18TH AVE, #506		2.3 STREET ADDRESS								
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP								
TITLE	D	DELETE	3.1 TITLE			☐ Change	Addition				
NAME	ENGRASSIA, LUCILLE		3.2 NAME								
STREET ADDRESS	4550 NW 18TH AVE. #603		3.3 STREET ADDRESS								
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-ST-ZIP								
TITLE	SD	DELETE	4.1 TITLE			Change	Addition				
NAME	TORTORA, LUCILLE		4. 2 NAME								
STREET ADDRESS	4570 NW 18TH AVE. APT 410		4.3 STREET ADDRESS								
CITY-ST-ZIP	POMPANO BEACH FL 33064		4.4 CITY-ST-ZIP								
TITLE	D	DELETE	5.1 TITLE			Change	☐ Addition				
NAME	HESS, MARY		5.2 NÀME								
STREET ADDRESS	4550 NW 18TH AVE, #103		5.3 STREET ADDRESS								
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP]							
TITLE	DVP	CELETE	6.1 TITLE			Change	☐ Addition				
NAME	CUCCIO, FRANK		6.2 NAME								
STREET ADORESS	11S SEARSEVILLE ROAD		6.3 STREET ADDRESS								
CITY-ST-ZIP	MONTGOMERY NY 12549		6.4 CITY - ST- ZIP								

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(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.