

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745882

Corporation Name

OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CON
DOMINIUM, INC.

Principal Place of Business

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

Mailing Address

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/08/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1898199	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	D
NAME	PERAGINE, JOHN	1.2 NAME	MARZANO JIM
STREET ADDRESS	4550 NW 18TH AVE, #305	1.3 STREET ADDRESS	4550 N.W. 18TH AVE #305
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Bch, FL
TITLE	TD	2.1 TITLE	
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	3.1 TITLE	PO
NAME	ENGRASSIA, LUCILLE	3.2 NAME	ENGRASSIA, LUCILLE
STREET ADDRESS	4550 NW 18TH AVE, #603	3.3 STREET ADDRESS	4550 N.W. 18TH AVE #603
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano Bch, FL
TITLE	SD	4.1 TITLE	
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	5.1 TITLE	TS
NAME	HESS, MARY	5.2 NAME	
STREET ADDRESS	4550 NW 18TH AVE, #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VD
NAME	CUCCIO, FRANK	6.2 NAME	CUCCIO FRANK
STREET ADDRESS	11S SEARSEVILLE ROAD	6.3 STREET ADDRESS	4550 N.W. 18TH AVE #306
CITY-ST-ZIP	MONTGOMERY NY 12549	6.4 CITY-ST-ZIP	Pompano Bch, FL

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #