


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 048 ****61.25

DOCUMENT # 745882 1. Entity Name OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CONDOMINIUM, INC.					
Principal Place of Business C/O BENCHMARK PROPERTY MGT. 7932 WILES RD. CORAL SPRINGS, FL 33067 US			Mailing Address C/O BENCHMARK PROPERTY MGT. 7932 WILES RD. CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0647690				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 3111 STIRLING RD. FORT LAUDERDALE, FL 33310			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARZANO, JAMES		NAME	SEAMAN, FRANCIS	
STREET ADDRESS	4550 NW 18TH AVE, #610		STREET ADDRESS	4570 NW 18 Ave #403	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBANESE, MARY L		NAME	ROSATO, ROBERT	
STREET ADDRESS	4570 NW 18TH AVE, #506		STREET ADDRESS	4550 NW 18 Ave #307	
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AWED, VICTOR		NAME	POZZI, JOHN	
STREET ADDRESS	4550 NORTHWEST 18TH AVENUE #108		STREET ADDRESS	4550 NW 18 Ave #706	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	TORTORA, LUCILLE		NAME		
STREET ADDRESS	4570 NW 18TH AVE. APT 410		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	STONE, HUGUETTE		NAME		
STREET ADDRESS	4550 NW 18TH AVE., #701		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	AIKEN, CINDY		NAME		
STREET ADDRESS	4550 NW 18TH AVE., #309		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Robert J Rosato Treas. ROBERT J ROSATO 2/20/04 954-3445353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					