

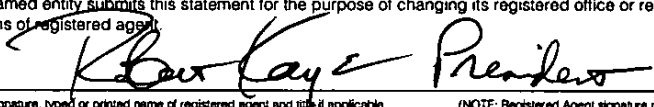
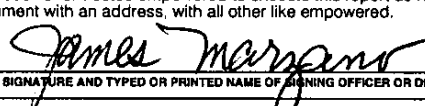


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90322 008 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		14000643 	
City & State		City & State		02162005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0647690	
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 Rebecca Kaye + Associates PA Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 Way Suite 103 City Ft Lauderdale FL Zip Code 33309		
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  4.22.05 <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARZANO, JAMES 4550 NW 18TH AVE, #610 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - VICE PRESIDENT AWED, VICTOR 4550 NW 18 Ave #108 POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBANESE, MARY L 4570 NW 18TH AVE, #508 POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LUCA, NATALIE 4570 NW 18 Ave #104 POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSATO, ROBERT 4550 NW 18 AVE # 307 POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - TREASURER MCKEON, JOHN 4550 NW 18 Ave #710 POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORTORA, LUCILLE 4570 NW 18TH AVE. APT 410 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PERAGINE, JOHN 4550 NW 18 Ave #305 POMPANO BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, HUGUETTE 4550 NW 18TH AVE., #701 POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAMAN, FRANCIS 4550 NW 18 AVE # 403 POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  2/16/05 954-344-5353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					