

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90020 003 \*\*\*\*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**

**50005074**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0647690**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT KAYE AND ASSOCIATES PA  
6261 NW 6WAY STE 103  
FORT LAUDERDALE, FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME MARZANO, JAMES  
STREET ADDRESS 4550 NW 18TH AVE, #610  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE President ☐ Change ☒ Addition  
NAME Frank Scaman  
STREET ADDRESS 4570 N.W. 18th Ave #403  
CITY-ST-ZIP Pompano Beach FL 33064

TITLE D ☒ Delete  
NAME LUCA, NATALIE  
STREET ADDRESS 4570 NW 8 AVE #180  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Vice President ☐ Change ☒ Addition  
NAME Pamela Redwine  
STREET ADDRESS 4570 N.W. 18th Ave #203  
CITY-ST-ZIP Pompano Beach FL 33064

TITLE DT ☐ Delete  
NAME MCKEON, JOHN  
STREET ADDRESS 4550 NW 18TH AVE #710  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Director ☐ Change ☒ Addition  
NAME John Pozzi  
STREET ADDRESS 15 Peck Road  
CITY-ST-ZIP SECKONK MA 02771

TITLE SD ☐ Delete  
NAME TORTORA, LUCILLE  
STREET ADDRESS 4570 NW 18TH AVE. APT 410  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STONE, HUGUETTE  
STREET ADDRESS 4550 NW 18TH AVE., #701  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☒ Delete  
NAME AWED, VICTOR  
STREET ADDRESS 4550 NW 18TH AVE #108  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*John McKen* *John McKen Treasurer 2-22-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #