
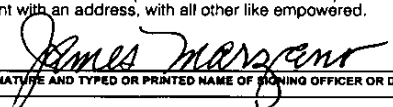


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90092 026 \*\*\*\*61.25  
03-30-2007 90146 030 \*\*\*\*61.25

<b>DOCUMENT # 745882</b> 1. Entity Name <b>OPERATING ASSOCIATION FOR WATERS EDGE TOWERS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>C/O BENCHMARK PROPERTY MGT. 7932 WILES RD. CORAL SPRINGS, FL 33067 US</b>			Mailing Address <b>C/O BENCHMARK PROPERTY MGT. 7932 WILES RD. CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0647690</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBERT KAYE AND ASSOCIATES PA 6261 NW 6WAY STE 103 FORT LAUDERDALE, FL 33309</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEARRAN, FRANK</b>		NAME	<b>Awed, Victor</b>	
STREET ADDRESS	<b>4570 NW 18TH AVE #403</b>		STREET ADDRESS	<b>4550 NW 18 Ave # 108</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33064</b>		CITY-ST-ZIP	<b>Pompano Beach FL 33064</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REDWINE, PAMELA</b>		NAME	<b>Marzano, James</b>	
STREET ADDRESS	<b>4570 WN 18TH AVE #203</b>		STREET ADDRESS	<b>4550 NW. 18 AVE # 410</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33064</b>		CITY-ST-ZIP	<b>Pompano Beach FL 33064</b>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKEON, JOHN</b>		NAME	<b>Micacci, Diane</b>	
STREET ADDRESS	<b>4550 NW 18TH AVE #710</b>		STREET ADDRESS	<b>4550 NW. 18 Ave # 110</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33064</b>		CITY-ST-ZIP	<b>Pompano Beach FL 33064</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TORTORA, LUCILLE</b>		NAME	<b>Mckean, John</b>	
STREET ADDRESS	<b>4570 NW 18TH AVE. APT 410</b>		STREET ADDRESS	<b>4550 NW 18 Ave # 710</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33064</b>		CITY-ST-ZIP	<b>Pompano Beach FL 33064</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>STONE, HUGUETTE</b>		NAME		
STREET ADDRESS	<b>4550 NW 18TH AVE., #701</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33064</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>POZZI, JOHN</b>		NAME		
STREET ADDRESS	<b>15 PEEP TOAD RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEEKONK, MA 02771</b>		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.					
<b>SIGNATURE:</b> 			<b>2/6/2007</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		