

AMENDED **2007 NOT-FOR-PROFIT CORPORATION** **ANNUAL REPORT**

03-19-2007 90092 026 ***61.25
 745882

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OFFICE OF STATE
 TALLAHASSEE, FLORIDA

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 ROBERT KAYE AND ASSOCIATES PA 6261 NW 8WAY STE 103 FORT LAUDERDALE, FL 33309		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 _____ Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when completing) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
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	P SEARRAN, FRANK 4570 NW 18TH AVE #403 POMPANO BEACH, FL 33064 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ALMED, VICTOR 4550 NW 18 AVE #108 POMPANO BEACH, FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDWINE, PAMELA 4570 NW 18TH AVE #203 POMPANO BEACH, FL 33064 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARZANO, JAMES 4550 NW 18 AVE #1010 POMPANO BEACH, FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKEON, JOHN 4550 NW 18TH AVE #710 POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ZULUOGA, MARY 4550 NW 18 AVE #202 DRETFIELD BEACH FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORTORA, LUCILLE 4570 NW 18TH AVE. APT 410 POMPANO BEACH, FL 33064 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MICCOCI, DIANE 4550 NW 18 AVE #110 POMPANO BEACH FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, HUGUETTE 4550 NW 18TH AVE. #701 POMPANO BEACH, FL 33064 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$74/9</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POZZI, JOHN 15 PEEP TOAD RD SEEKONK, MA 02771 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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/agent empowered to execute this report as required by Chapter 517, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3/1/07</i> Daytime Phone #	