

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91071 022 ****61.25

DOCUMENT # 745882

1. Entity Name

Operating Association For
Waters Edge Towers Condominium



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9900 W. Sample Rd. Suite 300
Coral Springs FLA.
City & State

3. Mailing Address

MLM Property Mgmt Corp.
Suite, Apt. #, etc.
9900 W. Sample Rd. Suite 300
Coral Springs FLA.
City & State

DO NOT WRITE IN THIS SPACE

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number

65-0647690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Michael A. Solomon
9900 W. Sample Rd. Suite 300
Street Address (P.O. Box Number is Not Acceptable)
Coral Springs FL 33065
City State Zip Code

**DO NOT WRITE
IN THIS SPACE**

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, applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE: PD
NAME: James McRagno
STREET ADDRESS: 4750 NW 18TH AVE #610
CITY-ST-ZIP: Pompano Bch FLA 33064

TITLE: TD
NAME: Mary L. Albanese
STREET ADDRESS: 4570 NW 18TH AVE #506
CITY-ST-ZIP: Pompano Bch FLA 33064

TITLE: VP
NAME: Victor Awed
STREET ADDRESS: 4550 NW 18TH AVE #108
CITY-ST-ZIP: Pompano Bch FLA 33064

TITLE: SD
NAME: Lucille Tortora
STREET ADDRESS: 4570 NW 18TH AVE #410
CITY-ST-ZIP: Pompano Bch FLA 33064

TITLE: D
NAME: Hugnette Stone
STREET ADDRESS: 4570 NW 18TH AVE #701
CITY-ST-ZIP: Pompano Bch FLA 33064

TITLE: D
NAME: Cindy A. Ken
STREET ADDRESS: 4570 NW 18TH AVE #308
CITY-ST-ZIP: Pompano Bch FLA 33064

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2003

Date

954-783-4249

Daytime Phone #

CR2E037B (12/02)