

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:58

DOCUMENT # 753867 (1)
1. Corporation Name
WATERWAY TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 300 GOLF VIEW DR #101 NORTH PALM BCH FL 33408-3543
Mailing Address: C/O SSS MANAGEMENT P O BOX 30547 33420 BEACH GARDENS FL 33408-3543 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2105717
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 C/O SSS MANAGEMENT
Suite, Apt. #, etc.: 22 908 E INDIANTOWN RD #202
City & State: 23 Jupiter FL
Zip: 24 33477 Country: 25 Country: 29 Palm Beach

9. Name and Address of Current Registered Agent
SCHIFF, JOSEPH
300 GOLFVIEW DR #202
N PALM BCH FL 33408

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when necessary) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFF, JOSEPH	12 NAME	
STREET ADDRESS	300 GOLFVIEW DR #202	13 STREET ADDRESS	
CITY - ST - ZIP	NPB FL 43	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEETER, GERALD	22 NAME	
STREET ADDRESS	3400 BURNS RD #104	23 STREET ADDRESS	
CITY - ST - ZIP	PBG FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUDNOW, FRANK	32 NAME	SD WADE, CLYDE
STREET ADDRESS	7808 RAMBER RD	33 STREET ADDRESS	300 GOLFVIEW DR #202
CITY - ST - ZIP	ALKINS PARK PA	34 CITY - ST - ZIP	NPB FL 33408
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, as an attached individual in an address.

SIGNATURE: Gerald F. Sleeter DATE: 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Typed Name)