

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 753867 (1)

1. Corporation Name

WATERWAY TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

300 GOLF VIEW DR #101  
NORTH PALM BCH FL 33408-3543  
US

%SSS MANAGEMENT  
900 E. INDIANTOWN RD #202  
JUPITER FL 33477  
US

3. Date Incorporated or Qualified <b>08/25/1980</b>	3a. Date of Last Report <b>04/12/1995</b>
4. FEI Number <b>59-2105717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 <b>CONDON, BETTY</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>900 G. INDIANTOWN RD, 518 202</b>
83
84 City <b>JUPITER</b>
FL 85 Zip Code <b>33477</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Betty Condon Betty CONDON*

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

(But Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/>
NAME	SCHIFF, JOSEPH	
STREET ADDRESS	300 GOLFVIEW DR #202	
CITY - ST - ZIP	NPB FL 43	
TITLE	PD	<input type="checkbox"/>
NAME	SLEETER, GERALD	
STREET ADDRESS	3400 BURNS RD #104	
CITY - ST - ZIP	PBG FL	
TITLE	SD	<input type="checkbox"/>
NAME	WADE, CLYDE	
STREET ADDRESS	300 GOLFVIEW RD #205	
CITY - ST - ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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 119.07(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, or on an attachment with an address.

SIGNATURE: *Gerald Sleeter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-622-2823  
Date Time Phone #

CR2E037 (12/95)