

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address 721 US HWY 1 SUITE 220 NORTH PALM BEACH FL 33405 US
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3. Date Incorporated or Qualified 08/25/1980	Applied For <input type="checkbox"/>
4. FEI Number 59-2105717	Not Applicable <input type="checkbox"/>

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. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONDON, BETTY
721 US HWY 1., SUITE 220
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Betty Condon DATE 5-1-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD PD	<input type="checkbox"/>
NAME	SCHIFF, JOSEPH	
STREET ADDRESS	300 GOLFVIEW DR #202	
CITY-ST-ZIP	NPB FL 43	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SLEETER, GERALD	
STREET ADDRESS	3400 BURNS RD #104	
CITY-ST-ZIP	NPB FL	
TITLE	D	<input type="checkbox"/>
NAME	JONES, GLORIA	
STREET ADDRESS	300 GOLFVIEW DR	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Daniel Chusnow, OP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	1119 W. K. Brown		
1.3 STREET ADDRESS	Milwaukee, WI 53233		
1.4 CITY-ST-ZIP			
2.1 TITLE	Joseph Schiff	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	300 Golfview Rd #202		
2.3 STREET ADDRESS	North Palm Beach, FL		
2.4 CITY-ST-ZIP	33408		
3.1 TITLE	Gloria Jones	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	300 Golfview Rd #104		
3.3 STREET ADDRESS	North Palm Beach, FL		
3.4 CITY-ST-ZIP	33408		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 Betty Condon **5-1-98 511-945-4111**

CP2E037 (10/97)