

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **761013** (2)  
1. Corporation Name  
**WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.**



Principal Place of Business: **23380 WATER CIR BOCA RATON FL 33486 US**  
Mailing Address: **2501 FLORAL RD LANTANA FL 33462 US**

3. Date Incorporated or Qualified: **12/10/1981**  
3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **59-2280794**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **M. CAROL LINDSEY 2501 FLORAL ROAD LANTANA FL 33462**  
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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>TD</b>	NAME: <b>COWGILL, PAUL</b>	1.1 TITLE: <b>SD</b>	1.2 NAME: <b>SD</b>
STREET ADDRESS: <b>23389 WATER CIRCLE</b>	CITY-ST-ZIP: <b>BOCA RATON, FL 00000</b>	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>KIP, LAWRENCE</b>	2.1 TITLE: <b>D</b>	2.2 NAME: <b>Rixon, Mark</b>
STREET ADDRESS: <b>23461 WATER CIR.</b>	CITY-ST-ZIP: <b>BOCA RATON, FL 00000</b>	2.3 STREET ADDRESS: <b>23342 Water Circle</b>	2.4 CITY-ST-ZIP: <b>Boca Raton, FL 33486</b>
TITLE: <b>VPD</b>	NAME: <b>CASSORLA, JACK</b>	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: <b>23370 WATER CIRCLE</b>	CITY-ST-ZIP: <b>BOCA RATON, FL 00000 FL</b>	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <b>PD</b>	NAME: <b>FAUCHER, ANDRE</b>	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: <b>23352 WATER CIRCLE</b>	CITY-ST-ZIP: <b>BOCA RATON FL</b>	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>BROWN, BETTY</b>	5.1 TITLE: <b>T</b>	5.2 NAME: <b>Weis, mark</b>
STREET ADDRESS: <b>23330 WATER CIR</b>	CITY-ST-ZIP: <b>BOCA RATON FL</b>	5.3 STREET ADDRESS: <b>23261 Water Circle</b>	5.4 CITY-ST-ZIP: <b>Boca Raton, FL 33486</b>
TITLE: <b>SD</b>	NAME: <b>SAYLOR, RICHARD</b>	6.1 TITLE: <b>D</b>	6.2 NAME: <b>Dietrich, Gloria</b>
STREET ADDRESS: <b>23346 WATER CIRCLE</b>	CITY-ST-ZIP: <b>BOCA RATON FL</b>	6.3 STREET ADDRESS: <b>23351 Water Circle</b>	6.4 CITY-ST-ZIP: <b>Boca Raton, FL 33486</b>

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: Mark W. Weis Treasurer Mark W. Weis 3/5/96 407 433-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)