

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90092 012 \*\*\*\*61.25

**DOCUMENT # 761944**

1. Entity Name  
**WATERMARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**545 WATERMARK ST.  
DANIA, FL 33004**

Mailing Address

**545 WATERMARK ST.  
DANIA, FL 33004**

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2265822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SWEENEY, ELAINE  
520 SE 12TH ST APT # 306  
DANIA, FL 33004**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	<del>DANIEL J. DANIEL</del>
STREET ADDRESS	<del>545 SE 12TH ST, APT 303</del>
CITY-ST-ZIP	<del>DANIA, FL 33004</del>
TITLE	D
NAME	BRAVE, JOANN
STREET ADDRESS	<del>545 WATERMARK ST., #204</del> 520 SE 12 St. #204
CITY-ST-ZIP	DANIA, FL 33004
TITLE	D
NAME	DEMU, ADAM
STREET ADDRESS	545 S.E. 12TH ST, APT. 205
CITY-ST-ZIP	DANIA, FL 33004
TITLE	D
NAME	SWEENEY, ELAINE
STREET ADDRESS	<del>545 S.E. 12TH ST, APT. 306</del> 520 SE 12 St. #306
CITY-ST-ZIP	DANIA, FL 33004
TITLE	D
NAME	William Wrigley
STREET ADDRESS	545 S.E. 12 St., Apt. 401
CITY-ST-ZIP	Dania, FL 33004
TITLE	D
NAME	Robert Guhl
STREET ADDRESS	545 S.E. 12 St., Apt. 405
CITY-ST-ZIP	Dania, FL 33004

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joann Brave  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07  
Date

954-471-1556  
Daytime Phone #