

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90017 008 \*\*\*150.00

**DOCUMENT # F98000003969**

1. Corporation Name

**CAPREIT OF WATERFORD PARK, INC.**

Principal Place of Business

**11200 ROCKVILLE PIKE  
ROCKVILLE MD 20852**

Mailing Address

**11200 ROCKVILLE PIKE  
ROCKVILLE MD 20852**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/13/1998**

4. FEI Number

**52-2104985**  
**APPLIED FOR 52-2053450**

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 owes the current year intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

**21 11200 Rockville Pike**

Suite, Apt. #, etc.

**22 Suite 100**

City & State

**23 Rockville, MD**

Zip

**24 20832**

Country

**25 U.S.**

2a. Mailing Address

**26 11200 Rockville Pike**

Suite, Apt. #, etc.

**27 Suite 100**

City & State

**28 Rockville, MD**

Zip

**29 20832**

Country

**30 U.S.**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCE	<input type="checkbox"/> DELETE
NAME	KADISH, RICHARD	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	ESPOSITO, BRUCE A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GOLDSHINE, JEFFREY A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	HEYMANN, ERNEST L	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	GOODSELL, EUGENE H	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAND, RICK J	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kadish, Richard L.	
1.3 STREET ADDRESS	11200 Rockville Pike	
1.4 CITY-ST-ZIP	Rockville, MD 20852	
2.1 TITLE	SVPCEOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Esposito, Bruce A.	
2.3 STREET ADDRESS	11200 Rockville Pike	
2.4 CITY-ST-ZIP	Rockville, MD 20852	
3.1 TITLE	SVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Goldshine, Jeffrey A.	
3.3 STREET ADDRESS	11200 Rockville Pike	
3.4 CITY-ST-ZIP	Rockville, MD 20852	
4.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Heymann, Ernest L.	
4.3 STREET ADDRESS	11200 Rockville Pike	
4.4 CITY-ST-ZIP	Rockville, MD 20852	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Goodsell, Eugene H.	
5.3 STREET ADDRESS	11200 Rockville Pike	
5.4 CITY-ST-ZIP	Rockville, MD 20852	
6.1 TITLE	Asst. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shapiro, Robert A.	
6.3 STREET ADDRESS	11200 Rockville Pike	
6.4 CITY-ST-ZIP	Rockville, MD 20852	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert A. Shapiro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 11, 1999**  
Date

**(301) 231-8700**  
Daytime Phone #

CR2E034 (1/1/98)