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95 MAY -1 AM 8:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N00665 (2)
1. Corporation Name
WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business: 13790 NW 4 ST. SUNRISE FL 33325 US
Mailing Address: 13790 NW 4 ST. SUNRISE FL 33325 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1983	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2555220	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. 1067 Shotgun Rd. City & State
23. Zip 25. Country	28. Sunrise, Fl 33326 29. 33326 30. Broward

9. Name and Address of Current Registered Agent
**CUSTOM PROPERTY MANAGEMENT
8498 STATE RD 84
DAVIE FL 33324**

10. Name and Address of New Registered Agent

81. Name Ms. Janet Cusanelli
82. Street Address (P.O. Box Number is Not Acceptable) 15705 W. Waterside Circle
83. Unit # Unit # 105
84. City Sunrise, FL
85. Zip Code 33326

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: *Janet M Cusanelli, Sec.* DATE: **4-28-95**

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CAMPBELL, ANDREA
STREET ADDRESS	15813 W WATERSIDE CIR #203
CITY, ST, ZIP	SUNRISE FL
TITLE	D
NAME	FRIED, EDITH
STREET ADDRESS	15805 W WATERSIDE CIR. #102
CITY, ST, ZIP	SUNRISE FL
TITLE	D
NAME	WEINGARDEN, SUSAN
STREET ADDRESS	15801 W WATERSIDE CIR #202
CITY, ST, ZIP	SUNRISE FL
TITLE	D
NAME	VELEZQUEZ, WILLIE
STREET ADDRESS	15813 W WATERSIDE CIR #101
CITY, ST, ZIP	SUNRISE FL
TITLE	DVP
NAME	MCLAUGHLIN, BRYAN
STREET ADDRESS	15714 E WATERSIDE CIR
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Harryette Steinbuck	
13 STREET ADDRESS	15705 W. Waterside Circle # 206	
14 CITY, ST, ZIP	Sunrise, Fl 33326	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Ann Campbell	
23 STREET ADDRESS	15813 W. Waterside Circle#203	
24 CITY, ST, ZIP	Sunrise, Fl 33326	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Emilio Amalfitano	
33 STREET ADDRESS	15714 W. Waterside Cir cle #102	
34 CITY, ST, ZIP	Sunrise, Fl 33326	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Edith Freed	
43 STREET ADDRESS	15805 W. Waterside Circle #102	
44 CITY, ST, ZIP	Sunrise, Fl 33326	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Thomas & Maureen Haggerty	
53 STREET ADDRESS	17832 N.W. 15th Court	
54 CITY, ST, ZIP	Pembroke Pines, Fl 33026	
61 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Janet Cusanelli	
63 STREET ADDRESS	15705 W. Waterside Circle #105	
64 CITY, ST, ZIP	Sunrise, Fl 33326	

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 110.07(3)(b), 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: *Harryette Steinbuck, Pres.* DATE: **4-28-95**