

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 # N00665 (2)

1. Corporation Name

WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13790 NW 4 ST.
SUNRISE FL 33325
US

C/O THE CONTINENTAL GROUP
1067 SHOTGUN RD
SUNRISE FL 33326
US

3. Date Incorporated or Qualified
12/29/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2555220

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1067 SHOTGUN RD.**

27 Suite, Apt. #, etc.

City & State

City & State

23 **SUNRISE FL**

28 City & State

Zip

Country

Zip

Country

24 **33326**

25 **BROWARD**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSANELLI, JANET M
15075 W. WATERSIDE CIRCLE
UNIT 105
SUNRISE FL 33326

81 Name

LYDIA MACHADO

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

**15805 W. WATERSIDE CIRC. #205
SUNRISE**

83

84 City

FL

85 Zip Code

33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD STEINBUCK, HARRYETTE**
STREET ADDRESS **15705 W. WATERSIDE CIRCLE, STE 206**
CITY-ST-ZIP **SUNRISE FL**

1.1 TITLE Change Addition
1.2 NAME **T Allan Rosier**
1.3 STREET ADDRESS **15702 E. waterside circ. #206**
1.4 CITY-ST-ZIP **Sunrise, FL 33326**

TITLE DELETE
NAME **MPD CAMPBELL, ~~ANDREA~~ ANDREA**
STREET ADDRESS **15813 W. WATERSIDE CIRCLE, STE 203**
CITY-ST-ZIP **SUNRISE FL**

2.1 TITLE Change Addition
2.2 NAME **D Bob Ryan**
2.3 STREET ADDRESS **15805 W. waterside circ. #106**
2.4 CITY-ST-ZIP **Sunrise, FL 33326**

TITLE DELETE
NAME **TD AMALFITANO, EMILIO**
STREET ADDRESS **15714 W. WATERSIDE CIRCLE, STE 102**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE Change Addition
3.2 NAME **SD Lydia Machado**
3.3 STREET ADDRESS **15805 W. water-side circ. #205**
3.4 CITY-ST-ZIP **Sunrise, FL 33326**

TITLE DELETE
NAME **VPD FREED, EDITH**
STREET ADDRESS **15805 W. WATERSIDE CIRCLE, STE 102**
CITY-ST-ZIP **SUNRISE FL**

4.1 TITLE Change Addition
4.2 NAME **D Andrea Fisher**
4.3 STREET ADDRESS **15701 W. waterside circ. #101**
4.4 CITY-ST-ZIP **Sunrise, FL 33326**

TITLE DELETE
NAME **D HAGGERTY, ~~THOMAS~~ MAUREEN**
STREET ADDRESS **17832 NW 15TH CT**
CITY-ST-ZIP **PEMBROKE PINES FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME **SD CUSASNELLI, JANET**
STREET ADDRESS **15705 W. WATERSIDE CIRCLE, STE 105**
CITY-ST-ZIP **SUNRISE FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Andrea Campbell Pres. 1-23-96 305-967-6707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE Daytime Phone #

CR2E037 (12/95)