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**Feb 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00665 (2)
 1. Corporation Name
WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business 1067 SHOTGUN ROAD SUNRISE FL 33326 US	Mailing Address C/O THE CONTINENTAL GROUP 1067 SHOTGUN RD SUNRISE FL 33326-1811 US
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3. Date incorporated or Qualified 12/29/1983	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Country 30

4. FEI Number 59-2555220	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MACHADO, LYDIA
15805 WEST WATERSIDE CIRCLE
205
SUNRISE FL 33326**

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 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

TITLE	D <input type="checkbox"/> DELETE
NAME	STEINBUCK, HARRYETTE
STREET ADDRESS	15705 W. WATERSIDE CIRCLE, STE 206
CITY-ST-ZIP	SUNRISE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CAMPBELL, ANDREA
STREET ADDRESS	15813 W. WATERSIDE CIRCLE, STE 203
CITY-ST-ZIP	SUNRISE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	NACHADO, LYDIA
STREET ADDRESS	15805 WEST WATERSIDE CIRCLE, # 205
CITY-ST-ZIP	SUNRISE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FREED, EDITH
STREET ADDRESS	15805 W. WATERSIDE CIRCLE, STE 102
CITY-ST-ZIP	SUNRISE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAGGERTY, MAUREEN
STREET ADDRESS	17932 NW 15TH CT.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CUSAGNELLI, JANET
STREET ADDRESS	15705 W. WATERSIDE CIRCLE, STE 105
CITY-ST-ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LARK RYAN TREAS.
5.3 STREET ADDRESS	15805 W. WATERSIDE CIRCLE
5.4 CITY-ST-ZIP	#106 SUNRISE, FL 33326
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBIN PINES DIR.
6.3 STREET ADDRESS	15118 E. WATERSIDE CIRCLE #204
6.4 CITY-ST-ZIP	SUNRISE, FL 33326

14. I do 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 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.* 1-17-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037364

CR2E037 (9/96)