FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N00665

(2)

WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.

FILED Feb 26 1998 8:00am Secretary of State

WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.											
Principal Place of Business		Mai	Mailing Address				- I OBRAHOL DIA DOMA DENING BRAHA DARBA T			(1)	
1087 SHOTGUN ROAD SUNRISE FL 33328 US			C/O THE CONTINENTAL GROUP 1067 SHOTGUN RD SUNRISE FL 33326				3. Date Incorporated or Qualified 12/29/1983		······································		
		US					4. FEI Number 59-2555220			oplied For ot Applicable	
2. Principal P	Place of Business	2a. I	Mailing Address				Certificate of Status Desired	□ \$8		Additional	
21 Suite Act il ale			Sulte, Apt. #, etc.							quired	
Suite, Apt. #, etc.			27				Election Campaign Financing Trust Fund Contribution		o.UU i dded to	May Be > Fees	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?				
23	Country	28	Zip Country				Yes No				
Zip 24	Country 25	29	Σίρ	30	,		 This corporation owes or has pail Personal Property Tax due June 			angible] No	
	9. Name and Address of Curre		red Agent	1991			10. Name and Address of New Reg		t		
				81	Name	Q.	nn Campbell				
MACHADO, LYDIA					Street	Addre	ss (P.O. Box Number Is Not Acceptable	θ)	47	203	
15805 WEST WATERSIDE CIRCLE # 205							21	Cros		LOJ	
SUMMISE FL 33326					City	nr	14, 47	85	Zip (Code.	
	to the annual contract Contract Cd 2 Of	.00 (04)	7 4500 Florida Chah	to the energy			votion or horito this statement for the re-	FL ~	33	326	
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. Supply 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 purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the co											
11 12.4.11 (114)(1)											
SIGNATURE	Signature, typed or printed name of registered a	gent and tile it	applicable. (NO	E Registe ed Ag	ent signature	required	when reinstating)	DATE			
12.	OFFICERS A	ND DIRECT		7 13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	D		☐ DELETÉ	1.1 TITLE				Пс	hange	□ Addition	
NAME	STEINBUCK, HARRYETTE	u = A==		1.2 NAME							
STREET ADDRESS	15705 W. WATERSIDE CIRC	LE, SIE 2	206		1.3 STREET ADDRESS						
CITY-ST-ZIP	SUNRISE FL		DELETE	1.4 CITY-5	ST-ZIP		./		hange	☐ Addition	
TITLE	PD AMBRELL AMBREA		☐ DELETE	2.1 TITLE		l,	<i>, ,</i> ,	□ •	панце		
NAME	CAMPBELL, ANDREA			2.2 NAME	2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	OLIMPION PL										
CITY-ST-ZIP	SUNRISE FL SD		☐ DELETÉ	2. 4 CITY- 3.1 TITLE	ST-ZIP	- 10/	/~	147	hange	Addition	
TITLE	NACHADO LYDIA			3.2 NAME		17					
NAME OTDEET ADDRESS	15805-WEST WATERSIDE C	IDCIE 4	205	3.3 STREET	*DDDECC	, Q	Hen Rosher 1805-W. Waterin) c · .	4 . 5	# 102	
STREET ADDRESS	SUNRISE FL	mole, w	203	3.4. CITY -	- 1	15	1805-W. WARLENIN	se wri	.	102	
CITY-ST-ZIP TITLE	VPD		DELETE	4.1 TITLE	SI-ZIF		VINCOP J. FI		hange	Addition	
NAME	FREED, EDITH			4. 2 NAME					•	_	
STREET ADDRESS	15805 W. WATERSIDE CIRC	LE.STE 10	02	4.3 STREET							
CITY-ST-ZIP	SUNRISE FL			4.4 CITY-S							
TITLE	1		☐ DELETE	5.1 TITLE	,, 2				hange	Addition	
NAME	RYAN, LABK			5.2 NAME							
STREET ADDRESS	15805 WEST WATERSIDE C	IRCLE #1	06	5.3 STREET	ADDRESS						
CITY-ST-ZIP	SUNRISE FL			5.4 CITY-S							
TITLE	D		DELETE	6.1 TITLE		5	D		hange	Addition	
NAME	PINES, ROBIN			6.2 NAME		~ (V				
STREET ADDRESS	15718 EAST WATERSIDE CI	RCLE #20)4	6.3 STREET	ADDRESS						
CITY-ST-ZIP	SUNRISE FL			6.4 CITY - S	T-ZIP						

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with a reddress.

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1/2/02