

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-12-2001 90479 006 ****61.25

DOCUMENT # N00665

1. Entity Name

WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1189 SAWGRASS CORPORATE PKWY
SUNRISE FL 33326
US

1189 SAWGRASS CORPORATE PKWY
SUNRISE FL 33326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

14235 SW 142 AVENUE

MIAMI FL

33186

USA

4. FEI Number

59-2554873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICES OF SUSAN P. BAKALAR, P.A.
2240 SW 70TH AVE., STE D
DAVIE FL 33317

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CAMPBELL, ANDREA | |
| STREET ADDRESS | 15813 W. WATERSIDE CIRCLE, STE 203 | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SHAPLO, STEVEN | |
| STREET ADDRESS | 15813 W WATERSIDE CIR #108 | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | WALKER, CYNTHIA | |
| STREET ADDRESS | 15805 W. WATERSIDE CIRCLE, STE 202 | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | President / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALLAN ROSIER | |
| STREET ADDRESS | 15702 E WATERSIDE CIRCLE | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | VICE PRESIDENT / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRIETTE STEINBERG | |
| STREET ADDRESS | 15705 W. WATERSIDE CIRCLE | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | SEC/TREAS. / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JANET CUSANELL | |
| STREET ADDRESS | 15705 W. Waterside Circle | |
| CITY-ST-ZIP | Sunrise FL 33326 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Allan Rosier

2-27-01 (954) 389-9694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)