

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JUN -2 AM 7:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N00665

1. Corporation Name

WATERSIDE VILLAGE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1189 SAWGRASS CORPORATE PKWY
 SUNRISE FL 33326
 US

14276 SW 142ND AVENUE
 MIAMI FL 33186
 US



REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3300 University Dr.

Suite, Apt. #, etc.
 #405

City & State
 Coral Springs, FL

Zip Country
 33065 USA

3. New Mailing Office Address, If Applicable

3300 University Dr.

Suite, Apt. #, etc.
 #405

City & State
 Coral Springs, FL

Zip Country
 33065 USA

4. Date Incorporated or Qualified To Do Business in Florida

12/29/1983

5. FEI Number

59-2554873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
PD	ROSIER, ALLAN	15702 E WATERSIDE CIRCLE	SUNRISE FL 33326
DRD	STEINBACK, MARRYETTE	15705 W WATERSIDE CIRCLE	SUNRISE FL 33326
SD	CUSANELLI, JANET	15705 W WATERSIDE CIRCLE	SUNRISE FL 33326
PD	Campbell, Andrea	15813 W. Waterside Circle	Sunrise FL 33326
UPD	Ghazee munawar	15813 W waterside Circle	Sunrise FL 33326
TD	STEPHEN SHAPLO	15813 W. WATERSIDE CIR	SUNRISE, FL 33326

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name
 United Community Mgmt Corp
 Street Address (P.O. Box Number is Not Acceptable)
 3300 University Dr. #405
 Suite, Apt. #, Etc.
 City
 Coral Springs
 State
 FL
 Zip Code
 33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

Date

5/2/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] as Pres. 4-16-03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)