

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90012 043 \*\*\*\*61.25

<b>DOCUMENT # N06000005285</b>					
<b>1. Entity Name</b> WATERFORD LANDING CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156			<b>Mailing Address</b> 396 ALHAMBRA CIRCLE 230 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 396 Alhambra Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 230			
City & State		City & State Coral Gables FL			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5125177	
33134		USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CONSULTING SERVICES OF FLORIDA 2121 PONCE DE LEON BLVD. #1050 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>		
(Current Agent Address)			<b>Name</b> CANE ACQUISITIONS, INC.		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			601 BRICKELL KEY DRIVE SUITE 505		
			<b>City</b> MIAMI <b>FL</b> <b>Zip Code</b> 33131		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD	<b>NAME</b> FERNANDEZ-SASTRE, BRYAN		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 9350 SOUTH DIXIE HIGHWAY SUITE 1500	<b>CITY - ST - ZIP</b> MIAMI, FL 33156		<b>TITLE</b> M. Canino A. Sanchez, President		
<b>NAME</b> FERNANDEZ-SASTRE, BRYAN	<b>STREET ADDRESS</b> 9350 SOUTH DIXIE HIGHWAY SUITE 1500		<b>NAME</b> CANE ACQUISITIONS, INC.		
<b>CITY - ST - ZIP</b> MIAMI, FL 33156	<b>CITY - ST - ZIP</b> MIAMI, FL 33131		<b>STREET ADDRESS</b> 601 BRICKELL KEY DRIVE SUITE 505		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ <i>President Cane Acquisitions, Inc</i> <span style="float: right;">3/13/08 305 577-3902</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					