


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90195 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N06605 1. Corporation Name WATERFRONT SQUARE OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 230 E MONUMENT AVE KISSIMMEE FL 34741 US | | | Mailing Address 230 E MONUMENT AVE KISSIMMEE FL 34741 US | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 02/06/1985 4. FEI Number 59-2600558 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 | |
| 9. Name and Address of Current Registered Agent CAMPBELL, DAVID J 230 E MONUMENT AVE KISSIMMEE FL 34741 | | | 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 _____ Signature, typed or printed name of registered agent and title if applicable | | | | | |
| 12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE PD NAME SOVRAN, PAUL D MD STREET ADDRESS 211 E RUBY ST CITY-ST-ZIP KISSIMMEE ST | | | 1.1 TITLE V AND D 1.2 NAME SOVRAN, Paul D MD 1.3 STREET ADDRESS 211 E Ruby ST 1.4 CITY-ST-ZIP Kissimmee FL 34741 | | |
| TITLE T NAME CAMPBELL, DAVID J STREET ADDRESS 230 E MONUMENT AVE CITY-ST-ZIP KISSIMMEE FL | | | 2.1 TITLE P AND D 2.2 NAME Campbell, David J 2.3 STREET ADDRESS 230 E Monument Ave 2.4 CITY-ST-ZIP Kissimmee FL 34741 | | |
| TITLE S NAME PARSONS, RAY STREET ADDRESS 220 E MONUMENT AVE CITY-ST-ZIP KISSIMMEE FL | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE D NAME DRAPER, CHARLES ESO STREET ADDRESS 704 W EMMETT ST CITY-ST-ZIP KISSIMMEE FL | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE T/S AND D 5.2 NAME Theresa Drandy 5.3 STREET ADDRESS 210 E Monument Ave 5.4 CITY-ST-ZIP Kissimmee, FL 34741 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RECEIVED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (407) 846-0023
 Date Daytime Phone #

CR2E037 (1/98)