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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N13644

(2)

WATERFRONT SQUARE BUILDING #4 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				
% RAY PARSONS % RAY PARSONS		AVE #B.WATERFRONT SQUA	ξ	
2. Principal Place of Business	20 Molley A.M.		 Date Incorporated or Qualified 03/03/1986 	3a. Date of Last Report 04/13/1995
21	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2802931	Not Applicab
City & State	27		Certificate of Status Desired	\$8.75 Additional
3	City & State		6. Flection Campaign Financing	Fee Required
Zip Country	28 Zip		Trust Fund Contribution	\$5.00 May Be Added to Fees
25	29	Country 30	8. This corporation has liability for int	angible tax under s. 199 032
9. Name and Address of Curren	nt Registered Agent		Florida Statutes 10. Name and Address of New Reg	Yes XINo
DARGONO DAN	•	81 Name	TO NOTICE THE MEN HE	Istered Agent
PARSONS, RAY		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
220 E. MONUMENT AVE., #B WATERFRONT SQUARE		<u> </u>		·· ·
KISSIMMEE FL 32741		83		
		84 City		DE Zin Code
 Pursuant to the provisions of Sections 617,0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of Sections 	and 617.1508, Florida Statut	es the above named correct	A 1	FL 85 Zip Code
or registered agent, or both, in the State of Florid familiar with, and accept the obligations of, Section 1997.	da. Such change was authoriz on 617.0503. Florida Statutes	ed by the corporation's board	tion submits this statement for the purpor I of directors. I hereby accept the appoint	se of changing its registered offici
SIGNATURE		2.		aris do rogistored agent. 1 am
Signature, typed or printed name of registered agent a	and title if applicable. (NO	DE Registered Agent signature required v	when reinstating	
Signature typed or printed name of registered agent a OFFICERS AND	DIRECTORS	DTE: Registered Agent signature required v		DATE BS AND DIRECTORS IN 12
Signature: typed or printed name of registured agent at 2. OFFICERS AND PD	and title if applicable. (NC) DIRECTORS DELETE		when renistang. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
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