

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90172 042 ****61.25

DOCUMENT # N13644

1. Entity Name

WATERFRONT SQUARE BUILDING #4 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% RAY PARSONS
 220 E. MONUMENT AVE., #B.WATERFRONT SQ
 KISSIMMEE FL 34741-5730

% RAY PARSONS
 220 E. MONUMENT AVE., #B.WATERFRONT SQ
 KISSIMMEE FL 34741-5730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8 BROADWAY

8 BROADWAY

Suite, Apt. #, etc
SUITE 218

Suite, Apt. #, etc
SUITE 218

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

Zip
34741

Country
OSCEOLA

Zip
34741

Country
OSCEOLA

4. FEI Number
59-2802931

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSONS, RAY
 220 E. MONUMENT AVE., #B
 WATERFRONT SQUARE
 KISSIMMEE FL 32741

Name

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

8 BROADWAY, SUITE 218

City
KISSIMMEE

FL

Zip Code
34741

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

4-19-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **PARSONS, RAY**
 STREET ADDRESS **220 E. MONUMENT AVE., #B**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☒ Change ☐ Addition
 NAME **8 BROADWAY, SUITE 218**
 STREET ADDRESS **KISSIMMEE, FL 34741**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **VD** ☐ Delete
 NAME **PARSONS, DALE**
 STREET ADDRESS **220 E. MONUMENT AVE., #B**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☒ Change ☐ Addition
 NAME **8 BROADWAY, SUITE 218**
 STREET ADDRESS **KISSIMMEE, FL 34741**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **STD** ☐ Delete
 NAME **PARSONS, CHARLES H.**
 STREET ADDRESS **220 E. MONUMENT AVE., #B**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☒ Change ☐ Addition
 NAME **8 BROADWAY, SUITE 218**
 STREET ADDRESS **KISSIMMEE, FL 34741**
 CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

907 817 706

Daytime Phone #

CR2E037 (9/01)