
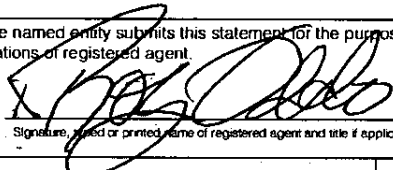
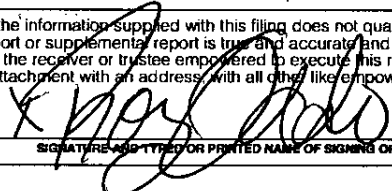


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90011 007 \*\*\*\*61.25

<b>DOCUMENT # N13644</b>			
1. Entity Name WATERFRONT SQUARE BUILDING #4 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741		Mailing Address 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741	
2. Principal Place of Business 220 E. Monument Avenue		3. Mailing Address Same	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State	
Zip 34741		Country Osceola	
4. FEI Number 59-2802931		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, RAY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name: Rosario M. Oddo Street Address (P.O. Box Number is Not Acceptable) 220 E. Monument Avenue Suite A 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		Rosario M. Oddo, President	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, RAY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rosario M. Oddo 220 E. Monument Ave., Suite A Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARSONS, DALE 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S James C. Busbee 220 E. Monument Ave., Suite B Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARSONS, CHARLES H. 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jasper Thompson 220 E. Monument Ave., Suite B Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Rosario M. Oddo	
		(407) 931-1303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	