

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16080

(6)

1. Corporation Name

FORT LAUDERDALE WATERFRONT PROPERTY OWNERS' ASSO
CIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:48

Principal Place of Business

Mailing Address

1500 SW 4TH STREET
P.O. BOX 14632
FORT LAUDERDALE FL 33302

1500 SW 4TH STREET
P.O. BOX 14632
FORT LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1986

3a. Date of Last Report

02/14/1994

4. FEI Number

65-0002114

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, JOANNE T.
1500 SW 4TH STREET
FT. LAUDERDALE FL 33312

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME JASINSKI, BOB
STREET ADDRESS 1721 W LAS OLAS BLVD
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WILLARD, CHAS
STREET ADDRESS 425 SW 14 AVE
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCKEE, JIM
STREET ADDRESS 2862 NE 29 ST
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME PLACHTER, TOM
STREET ADDRESS 528 COCONUT ISLE
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME JUST, JAYNE
STREET ADDRESS 1471 SW 18 AVE
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME WILLARD, TERRANCE
STREET ADDRESS 425 SW 14TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
JOANNE T. BECKER President
FLORIDA

3-9-95

(305) 467-8343