

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N16080

(6)

1. Corporation Name

FORT LAUDERDALE WATERFRONT PROPERTY OWNERS' ASSO  
CIATION, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified  
07/25/1986

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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 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

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

(NOTE: Registered Agent signature required when re-registering)

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

☐ DELETE

1.1 TITLE PRESIDENT  
1.2 NAME BECKER, JOANNE  
1.3 STREET ADDRESS 1500 SW 4 Street  
1.4 CITY-ST-ZIP FT LAUDERDALE, FL

☐ Change ☐ Addition

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

☐ DELETE

2.1 TITLE VICE-PRESIDENT  
2.2 NAME RUBY MADDEN  
2.3 STREET ADDRESS 2856 NE 26 PL  
2.4 CITY-ST-ZIP FT LAUDERDALE, FL

☐ Change ☐ Addition

TITLE D  
NAME CLANCY, DAVID  
STREET ADDRESS 1466 SW 18 TERR  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

3.1 TITLE D  
3.2 NAME PEABODY, GRIG  
3.3 STREET ADDRESS 528 SW 10 AVE  
3.4 CITY-ST-ZIP FT LAUDERDALE, FL

☒ Change ☐ Addition

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

☐ DELETE

4.1 TITLE D  
4.2 NAME CORRELL, TOM  
4.3 STREET ADDRESS 1004 GUAVA ISLE  
4.4 CITY-ST-ZIP FT LAUDERDALE, FL

☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE D  
5.2 NAME BIGONEY, WM.  
5.3 STREET ADDRESS 215 SW 14 WAY  
5.4 CITY-ST-ZIP FT LAUDERDALE, FL

☐ Change ☐ Addition

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

☐ DELETE

6.1 TITLE D  
6.2 NAME ROBERTS, SANDRA  
6.3 STREET ADDRESS 1617 SW 5 Ct  
6.4 CITY-ST-ZIP FT LAUDERDALE, FL

☐ 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 119.07(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 617, 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 2-20-96 (954)467-8343

Date

Daytime Phone #

CR2E037 (12/95)