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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16080 (6) 1. Corporation Name FORT LAUDERDALE WATERFRONT PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1500 SW 4 STREET P.O. BOX 14632 FORT LAUDERDALE, FL 33302		Mailing Address 1500 SW 4 STREET P.O. BOX 14632 FORT LAUDERDALE, FL 33302	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date incorporated or Qualified 07/25/1986		3a. Date of Last Report 04/96	
4. FEI Number 65-0002114		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent BECKER, JOANNE T. 1500 SW 4TH STREET FT. LAUDERDALE, FL 33312		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 000002168990 05/07/97-01005-073 ***61.25 FL 84 City 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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BECKER, JOANNE T. 1500 SW 4 STREET FT LAUDERDALE, FL 33312	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR PEABODY, GRIGSBY 528 SW 10 AVE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MADDEN, RUBY 2856 NE 26 PLACE FT LAUDERDALE, FL 33306	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR PARKINSON, JUNE 1542 SW 18 TERR FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUST, JAYNE 1471 SW 18 TERR FT LAUDERDALE, FL 33312	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIRECTOR PLACHTER, THOMAS 528 COCONUT ISLE FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JASINSKI, ROBERT 1721 W LAS OLAS BVD., FT LAUD, FL 33312	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIRECTOR ROBERTS, SANDRA 1617 SW 5 CT FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BLACHMAN, WM 1717 SW 4 ST FT LAUDERDALE, FL 33312	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR WILLARD, CHAS. 425 SW 14 AVE, FT. LAUD., FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CLANCY, DAVID 1466 SW 18 TERR FT LAUDERDALE, FL 33312	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	WILLARD, TERRENCE 429 LAMON LANE PT ST LUCIE, FL 34983
14. I do hereby certify that the information supplied with this statement does not qualify for the exemption stated in Section 119.07(3)(i), 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: (JOANNE T. BECKER) <i>Joanne T. Becker, Pres.</i> 4-21-97 (954) 467-8343 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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