

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90063 038 \*\*\*\*61.25

0036288

**DOCUMENT # N16080**

1. Corporation Name

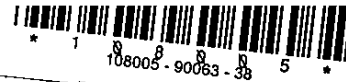
**FORT LAUDERDALE WATERFRONT PROPERTY OWNERS' ASSO  
CIATION, INC.**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/25/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0002114

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 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 *Joanne T. Becker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **BLACHMAN, BILL**  
1.3 STREET ADDRESS **1717 SW 4 ST**  
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL**

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **BOB GARGANO**  
2.3 STREET ADDRESS **1329 ORANGE ISLE**  
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE ☐ DELETE  
NAME **D PEABODY, GRIGSBY**  
STREET ADDRESS **528 SW 10 AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **PARKINSON, JUNE**  
3.3 STREET ADDRESS **1542 SW 18 TERR**  
3.4 CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE ☐ DELETE  
NAME **DS VP/D JUST, JAYNE**  
STREET ADDRESS **1471 SW 18 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **ROBERTS, SANDRA**  
4.3 STREET ADDRESS **1617 SW 5 CT**  
4.4 CITY-ST-ZIP **FT LAUDERDALE, FL 3**

TITLE ☐ DELETE  
NAME **P/D BECKER, JOANNE**  
STREET ADDRESS **1500 SW 4 St, Ft Lauderdale, FL**  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME **D/S DAVID CLANCY**  
STREET ADDRESS **1466 SW 18 TERR**  
CITY-ST-ZIP **FT LAUDERDALE, FL**

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

14. 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 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, with all other like empowered.

SIGNATURE:

*Joanne T. Becker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

**JOANNE T. BECKER, Pres. 1/07/99 (954) 467-8343**

Date

Daytime Phone #

CR2E037 (11/98)