

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16080

1. Entity Name

WATERFRONT PROPERTY OWNERS' ASSOCIATION, 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 33302-4632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0002114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE P ☐ Change ☒ Addition
NAME BECKER, JOANNE
STREET ADDRESS 1500 SW 4 ST
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE D ☐ Change ☒ Addition
NAME DAHLKE, GREG
STREET ADDRESS 527 SW 9 TERRACE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

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

TITLE D ☐ Change ☒ Addition
NAME MADDEN, RUBY
STREET ADDRESS 2856 NE 26 PL
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE D ☐ Change ☒ Addition
NAME PARKINSON, JUNE
STREET ADDRESS 1542 SW 18 TERR
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE D ☐ Delete
NAME BLACHMAN, BILL
STREET ADDRESS 1717 SW 4 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Change ☒ Addition
NAME MARTEENY, LEE
STREET ADDRESS 1724 NE 18 ST
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D ☒ Delete
NAME GARGANO, BOB
STREET ADDRESS 1329 ORNAGE ISLE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DS ☐ Change ☒ Addition
NAME NIELSEN, CARA JEAN
STREET ADDRESS 1540 ARGYLE DR., FT LAUDERDALE, FL 33312

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. JOANNE T. BECKER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000

(954) 467-8343

Date

Daytime Phone #

CR2E037 (9/99)

A0035159



DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.

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City & State

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4. FEI Number

65-0002114

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

1.1 TITLE	D/V	☒ Change ☐ Addition
1.2 NAME	JUST, JAYNE	
1.3 STREET ADDRESS	1471 SW 18 AVE	
1.4 CITY- ST- ZIP	FT LAUDERDALE, FL 33312	☐ Change ☐ Addition
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/2/2000

Signature Photo

#N16080
addendum
w/change!

Attachment
A003559

DO NOT WRITE IN THIS SPACE