

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90002 029 \*\*\*\*61.25

**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

2. Principal Place of Business

801 SW 6 Street

Suite, Apt. #, etc.

3. Mailing Address

801 SW 6 Street

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33315

Country

Broward

Zip

33315

Country

Broward

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

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

7. Name and Address of New Registered Agent

Name

DAHLKE, GREG

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

527 SW 9 Terrace

City

Ft Lauderdale

FL

Zip Code

33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GREG DAHLKE

6/2/04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☐ Delete  
NAME DAHLKE, GREG  
STREET ADDRESS 527 SW 9TH TERR  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE DP ☐ Delete  
NAME BECKER, JOANNE  
STREET ADDRESS 1500 SW 4 ST.  
CITY-ST-ZIP FT LAUDERDALE FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME JUST, JAYNE  
STREET ADDRESS 1471 SW 18 Avenue, Ft Lauderdale, FL 33312  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME JUNE PARKINSON  
STREET ADDRESS 1542 SW 18 Terr, Ft Lauderdale, FL 33312  
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition  
NAME MALLOY, JUDY  
STREET ADDRESS 801 SW 6 St., Ft Lauderdale, FL 33315  
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME NIELSEN, WILLIAM  
STREET ADDRESS 1512 Argyle Dr., Ft Lauderdale, FL 33312  
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME BECKER, JOANNE  
STREET ADDRESS 1500 SW 4 St., Ft Lauderdale, FL 33312  
CITY-ST-ZIP

TITLE TREASURER ☒ Change ☐ Addition  
NAME MADDEN, RUBY  
STREET ADDRESS 2856 NE 26 PL, Ft Lauderdale, FL 33306  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG DAHLKE

Date

(954) 523-1121

Daytime Phone #