

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90460 018 \*\*\*\*61.25

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # N16080</b><br>1. Entity Name<br><b>WATERFRONT PROPERTY OWNERS' ASSOCIATION, INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>527 SW 9TH TERRACE<br/>FORT LAUDERDALE, FL 33312-2516</b>  |   |   | Mailing Address<br><b>527 SW 9TH TERRACE<br/>FORT LAUDERDALE, FL 33312-2516</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>65-0002114</b>   |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>DAHLKE, GREG<br/>527 SW 9 TERRACE<br/>FT. LAUDERDALE, FL 33312</b>  |   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)  |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>JUST, JAYNE<br/>1471 SW 18 AVENUE<br/>FORT LAUDERDALE, FL 33312</b>      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>P/D<br/>Dahlke, Greg<br/>527 SW 9th Terrace<br/>Fort Lauderdale, FL 33312-2516</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>WILLARD, CHAS<br/>425 SW 14 AVE<br/>FT. LAUDERDALE, FL</b>               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>V/D<br/>Parkinson, June<br/>1542 SW 18 Terrace<br/>Fort Lauderdale, FL 33312</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>DAHLKE, GREG<br/>527 SW 9TH TERR<br/>FT. LAUDERDALE, FL</b>              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>T/D<br/>Madden, Ruby<br/>2856 N'E 26 Place<br/>Fort Lauderdale FL 33306</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DVP<br/>JUST, JAYNE<br/>1471 SW 18 AVE<br/>FT. LAUDERDALE, FL</b>              | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>S/D<br/>Nielsen, Bill<br/>1512 Argyle Drive<br/>Fort Lauderdale FL 33312</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>JASINSKI, BOB<br/>1721 W LAS OLAS BLVD<br/>FORT LAUDERDALE, FL 33312</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D<br/>Willard, Chuck<br/>425 SW 14 Ave<br/>Fort Lauderdale FL 33312</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>MADDEN, RUBY<br/>2856 NE 26 PL<br/>FT LAUDERDALE, FL</b>                 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D<br/>Malloy, Judy<br/>801 SW 6 street<br/>Fort Lauderdale FL 33315</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |   |  |  |
| <b>SIGNATURE:</b>  |   |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |  |  |

Page one of Two

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ATTACHMENT

|  |                                  |  |  |   |  |
|--|----------------------------------|--|--|---|--|
| <b>DOCUMENT # N16080</b><br>1. Entity Name<br><b>WATERFRONT PROPERTY OWNERS' ASSOCIATION, INC.</b>   |                                  |  |  |   |  |
| Principal Place of Business<br><b>527 SW 9TH TERRACE<br/>FORT LAUDERDALE, FL 33312-2516</b>  |                                  |  |  | Mailing Address<br><b>527 SW 9TH TERRACE<br/>FORT LAUDERDALE, FL 33312-2516</b> |  |
| 2. Principal Place of Business   |                                  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |                                  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |                                  | City & State   |  |   |  |
| Zip  | Country                          | Zip  | Country  | 04282006 Chg-NP CR2E037 (4/06)  |  |
| 4. FEI Number<br><b>65-0002114</b>   |                                  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                  |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |                                  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>DAHLKE, GREG<br/>527 SW 9 TERRACE<br/>FT. LAUDERDALE, FL 33312</b>  |                                  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to Florida Department of State</b>   |                                  |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | P                                | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| NAME   | <b>JUST, JAYNE</b>               |  | NAME   | <b>Just, Jayne</b>  |  |
| STREET ADDRESS   | <b>1471 SW 18 AVENUE</b>         |  | STREET ADDRESS   | <b>1471 SW 18 Terrace</b>   |  |
| CITY-ST-ZIP  | <b>FORT LAUDERDALE, FL 33312</b> |  | CITY-ST-ZIP  | <b>Fort Lauderdale FL 33312</b>   |  |
| TITLE  | D                                | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| NAME   | <b>WILLARD, CHAS</b>             |  | NAME   | <b>Jasinski, Bob</b>  |  |
| STREET ADDRESS   | <b>425 SW 14 AVE</b>             |  | STREET ADDRESS   | <b>1721 W. Las Olas Blvd.</b>   |  |
| CITY-ST-ZIP  | <b>FT. LAUDERDALE, FL</b>        |  | CITY-ST-ZIP  | <b>Fort Lauderdale FL 33312</b>   |  |
| TITLE  | D                                | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| NAME   | <b>DAHLKE, GREG</b>              |  | NAME   |   |  |
| STREET ADDRESS   | <b>527 SW 9TH TERR</b>           |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>FT. LAUDERDALE, FL</b>        |  | CITY-ST-ZIP  |   |  |
| TITLE  | DVP                              | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| NAME   | <b>JUST, JAYNE</b>               |  | NAME   |   |  |
| STREET ADDRESS   | <b>1471 SW 18 AVE</b>            |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>FT. LAUDERDALE, FL</b>        |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                                | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| NAME   | <b>JASINSKI, BOB</b>             |  | NAME   |   |  |
| STREET ADDRESS   | <b>1721 W LAS OLAS BLVD</b>      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>FORT LAUDERDALE, FL 33312</b> |  | CITY-ST-ZIP  |   |  |
| TITLE  | T                                | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| NAME   | <b>MADDEN, RUBY</b>              |  | NAME   |   |  |
| STREET ADDRESS   | <b>2856 NE 26 PL</b>             |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>FT LAUDERDALE, FL</b>         |  | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                  |  |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                                  |  |  |   |  |

ATTACHMENT

60032083

# 116080

**Waterfront Property Owners Association, Inc.**  
527 SW 9<sup>th</sup> Terrace  
Fort Lauderdale, FL 33312-2516

April 27, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2006 Annual Report

The attached two pages contain the names, addresses and title designations for all of our eight officers and directors as listed in Block 11 of both pages.

If you could please list them in the order written, it would be easier for us to file next year.

Thank you for your attention. If you have any questions, I may be reached at (954) 523-1121.



Greg Dahlke - President

Waterfront Property Owners Association, Inc.