


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N16080</b>	
1. Entity Name <b>WATERFRONT PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>527 SW 9TH TERRACE FORT LAUDERDALE, FL 33312-2516</b>	Mailing Address <b>527 SW 9TH TERRACE FORT LAUDERDALE, FL 33312-2516</b>
---	---



04152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0002114</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DAHLKE, GREG  
527 SW 9 TERRACE  
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>DAHLKE, GREG 527 SW 9TH TERRACE FORT LAUDERDALE, FL 333122516</b>
TITLE <b>D</b>	<b>WILLARD, CHAS 425 SW 14 AVE FT. LAUDERDALE, FL</b>
TITLE <b>TD</b>	<b>MADDEN, RUBY 2856 NE 28TH PLACE FORT LAUDERDALE, FL 33306</b>
TITLE <b>SD</b>	<b>NIELSON, BILL 1512 ARGYLE DR FORT LAUDERDALE, FL 33312</b>
TITLE <b>D</b>	<b>JASINSKI, BOB 1721 W LAS OLAS BLVD FORT LAUDERDALE, FL 33312</b>
TITLE <b>T</b>	<b>MADDEN, RUBY 2856 NE 26 PL FT LAUDERDALE, FL</b>

**DO NOT WRITE IN THIS SPACE**

U000000904307  
05/01/08-80007-017 61.25

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.

**SIGNATURE:** Greg Dahlke 4/15/08 954 523 1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #