2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N16080

Entity Name: WATERFRONT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

527 SW 9TH TERRACE
FORT LAUDERDALE, FL 333122516

New Principal Place of Business:

Current Mailing Address:

527 SW 9TH TERRACE
FORT LAUDERDALE, FL 333122516

New Mailing Address:

FEI Number: 65-0002114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DAHLKE, GREG	
Address:	527 SW 9TH TERRACE	
City-St-Zip:	FORT LAUDERDALE, FL 333122516	
Title:	D	( ) Delete
Name:	WILLARD, CHAS	
Address:	425 SW 14 AVE	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	TD	( ) Delete
Name:	MADDEN, RUBY	
Address:	2856 NE 26TH PLACE	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	SD	( ) Delete
Name:	NIELSON, BILL	
Address:	1512 ARGYLE DR	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	JASINSKI, BOB	
Address:	1721 W LAS OLAS BLVD	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	T	( ) Delete
Name:	MADDEN, RUBY	
Address:	2856 NE 26 PL	
City-St-Zip:	FT LAUDERDALE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG DAHLKE PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date