

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000005453**

1. Corporation Name

WATERFRONT SQUARE BUILDING #8 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
221 EAST RUBY AVE
STE C
KISSIMMEE FL 34741
US

Mailing Address
221 EAST RUBY AVE
STE C
KISSIMMEE FL 34741
US

FILED
Apr 06, 1999 8:00 am
Secretary of State

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04-06-1999 90021 031 ****61.25



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|---|----------------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 11/03/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3317769 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution |
| Country 29 | Zip 30 | |

9. Name and Address of Current Registered Agent

| | | |
|-------------------------------|-----------|--|
| WHITSTON, C. ALLEN | 81 | Name |
| 818 W. MABBETTE STREET | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| KISSIMMEE FL 34741 | 83 | |
| | 84 | City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

| | | |
|----------------------------|-------------------------------------|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| NAME | WHITSTON, C. ALLEN | |
| STREET ADDRESS | 818 W. MABBETTE STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| NAME | HARRELSON, LARRY Y | |
| STREET ADDRESS | 818 W. MABBETTE STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| NAME | ARVANT, WILLIAM J | |
| STREET ADDRESS | 1621 E. VINE STREET | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

14. 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 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 if changed, or on an attachment with an address, within other like empowered.

SIGNATURE:

Colleen R. Whitston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

(407) 933-5252

Daytime Phone #

CR2E037 (11/98)