SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 30 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000006911**

1. Corporation Name
WAVERLY PLACE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 N.W. 2ND AVENUE FT. LAUDERDALE FL 33311	115 N.W. 2ND AVENUE FT. LAUDERDALE FL 33311

REINSTATEMENT 99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1216 West Las Olas Blvd	26 1216 West Las Olas Blvd	12/11/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~APPLIED FOR~~ 65-0883964 ☐ Applied For ☐ Not Applicable
City & State 23 Ft. Lauderdale FL	City & State 28 Ft. Lauderdale FL	5. Certifcate of Status Desired ☐ **$6.75** Additional Fee Required
Zip / Country 24 33312 25 USA	Zip / Country 29 33312 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDEWAARD, C. CRAIG 115 N.W. 2ND AVENUE FT. LAUDERDALE FL 33311	81 Name Darin Batchelder 82 Street Address (P.O. Box Number is Not Acceptable) 1216 West Las Olas Blvd 83 84 City Ft. Lauderdale FL 85 Zip Code 33312

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 _____ 10/31/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDEWAARD, C. CRAIG 115 N.W. 2ND AVENUE FT. LAUDERDALE FL 33311	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Treasurer Darin Batchelder 1216 West Las Olas Blvd Ft. Lauderdale FL 33312	☑ Change ☐ Addition D-Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SLAUGHTER, J. ROBERT 115 N.W. 2ND AVENUE FT. LAUDERDALE FL 33311	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[redacted] President Carolyn Kupper 1210 West Las Olas Blvd Ft. Lauderdale FL 33312	☑ Change ☐ Addition D-Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PEARSON, BROWNE 115 N.W. 2ND AVENUE FT. LAUDERDALE FL 33311	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President Shelley Mercer 1220 West Las Olas Blvd Ft. Lauderdale FL 33312	☐ Change ☐ Addition D-Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	500003090285--7 -01/06/00--01022--012 ****236.25 ****236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition KE

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, with all other like empowered.

SIGNATURE: (SIGNATURE REQUIRED) 10/31/99 954-229-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #