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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000000059

1. Corporation Name
THE WAVERLY ON BAYSHORE CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business Mailing Address
511 BAY STREET,STE.410 511 BAY STREET,STE.410
TAMPA FL 33606 TAMPA FL 33606



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.		26	01/05/1998
City & State		27	4. FEI Number
Zip		28	59-3486943
Country		29	Applied For
		30	Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TARKOW, STANLEY A 511 BAY STREET,STE.410 TAMPA FL 33606		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFMAN, ROBERT M	1.2 NAME	
STREET ADDRESS	1430 WYNNTON RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31906	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEBANOFF, KENNETH R	2.2 NAME	
STREET ADDRESS	910 WATERS REACH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202	2.4 CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARKOW, STANLEY A	3.2 NAME	
STREET ADDRESS	511 BAY STREET,STE.410	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	
TITLE	DTAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWAHARE, WILLIAM	4.2 NAME	
STREET ADDRESS	1430 WYNNTON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31906	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: *Stanley A. Tarkow* 1/14/99 813 258 8887

CR2E037 (1/98)