## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2005 8:00 am Secretary of State DOCUMENT # N99000001774 1. Entity Name 05-03-2005 90092 026 \*\*\*\*70.00 WATERVIEW TOWNHOMES ASSOCIATION, INC. Principal Place of Business Mailing Address 1423 BAYVIEW DRIVE 1423 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 65-1033270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\mathbf{Z}$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUDD, SUSAN Street Address (P.O. Box Number is Not Acceptable) 1423 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition Change ☐ Delete TITLE THILE RUDD, SUSAN NAME NAME 1423 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete COLIP, BRANDON NAME NAME Fisher, John 1419 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-7/P CITY-ST-ZIP Change Addition TITLE Delete TITLE FISHER, JOHN NAME NAME 1421 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ■ Addition ☐ Change TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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 servecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei changed, or on an attachmen

CITY-ST-ZIP

CITY-ST-7IP

OR DIRECTOR

Daytime Phone #

**FILED**