## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N99000001774**

DRIVE

1. Entity Name

WATERVIEW TOWNHOMES ASSOCIATION. INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90167 022 \*\*\*\*61.25

FILED

Principal Place of Business 1421 BAYVIEW DRIVE FORT LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1423 BAYVIEW

FORT LAUDERDALE, FL

Mailing Address

3. Mailing Address

City & State

FORT

Suite, Apt. #, etc.

1421 BAYVIEW DRIVE FORT LAUDERDALE FL 33304

1423 BAYVIEW DRIVE

LAUDERDALE

	☐ CHECK HERE IF MAKING CHANGES		
<b>4.</b> F	FEI Number 65-1033270	Applied For	
		Not Applicab	
	¢0 75 Augus-1		

Country Zip 5. Certificate of Status Desired U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDD, SUSAN SMALLWOOD, RHINA Street Address (P.O. Box Number is Not Acceptable) 1421 BAYVIEW DRIVE FORT LAUDERDALE FL 33304 City FORT LAUDERDALE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete TITLE ☐ Addition TITLE ☐ Change NAME RUDD, SUSAN NAME STREET ADDRESS 1423 BAYVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 TITLE ☐ Delete TITLÉ Change ☐ Addition COLIP. BRANDON NAME NAME -STREET ADDRESS 1419 BAYVIEW DRIVE STREET ADDRESS CITY-ST-ZIP-FORT LAUDERDALE FL 33304 CITY-ST-ZIP ₹ # TITLE Delete ☐ Change ☐ Addition SMALLWOOD, RHINA NAME NAME STREET ADDRESS 1421 BAYVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

954 5665513