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Mar 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000040689 (9)

1. Corporation Name

FLORIDA WATERFRONT ASSOCIATES, INC.

Principal Place of Business

250 BRADLEY PL  
SUITE 203  
PALM BEACH FL 33480

Mailing Address

1531 BLANDING ST  
2ND FLOOR  
COLUMBIA S. 29201-2906  
US



3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOME, WILLIAM R. H  
801 SPENCER DR  
WEST PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

1.1 TITLE ☐ DELETE

NAME  
STUDER, THOMAS D  
STREET ADDRESS  
1531 BLANDING ST  
CITY-ST-ZIP  
COLUMBIA S.

1.2 NAME ☒ DELETE

NAME  
TUCKER, JAMES E  
STREET ADDRESS  
1531 BLANDING ST  
CITY-ST-ZIP  
COLUMBIA S.

1.3 NAME ☐ DELETE

NAME  
MCLEOD, J.A. III  
STREET ADDRESS  
250 BRADLEY PL SUITE 203  
CITY-ST-ZIP  
PALM BEACH FL 33480

1.4 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. Studer

3-25-97

Date

803-254-6525

Daytime Phone #

0010627

CR2E034 (9/96)