

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734352

Entity Name: WATER GLADES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5544 NORTH OCEAN DRIVE
SINGER ISLAND, FL 33404-2551**Current Mailing Address:**5544 NORTH OCEAN DRIVE
SINGER ISLAND, FL 33404-2551 US**FEI Number:** 59-1628829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHORR, MARK
800 SE 3RD AVE #300
FORT LUADERDALE, FL 33316 US*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.***SIGNATURE:** MARK SCHORR

03/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BECKINELLA, CHARLES
Address 5510 N OCEAN DR
City-State-Zip: SINGER ISLAND FL 33404

Title PRESIDENT
Name PASSERINI, JOHN
Address 5510 N OCEAN DRIVE
City-State-Zip: SINGER ISLAND FL 33404

Title DIRECTOR
Name USANDIZAGA, GUSTAVO
Address 5510 NORTH OCEAN DRIVE
City-State-Zip: SINGER ISLAND FL 33404

Title DIRECTOR
Name SPIRITIS, GLEN
Address 5540 NORTH OCEAN DRIVE
City-State-Zip: SINGER ISLAND FL 33404

Title SECRETARY
Name HEGARTY, TARA
Address 5544 N OCEAN DR
City-State-Zip: SINGER ISLAND FL 33404

Title VP
Name LIEBLER, MARTIN
Address 5544 NORTH OCEAN DRIVE
City-State-Zip: SINGER ISLAND FL 33494

Title DIRECTOR
Name STEIN, ROBERT
Address 5544 NORTH OCEAN DRIVE
City-State-Zip: SINGER ISLAND FL 33404

Title DIRECTOR
Name PINARD, RAY
Address 5540 NORTH OCEAN DRIVE
City-State-Zip: SINGER ISLAND FL 33404

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PASSERINI**PRESIDENT**

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | KOTZOL, PAUL |
| Address | 5540 NORTH OCEAN DRIVE |
| City-State-Zip: | SINGER ISLAND FL 33404 |