

**2018 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:**ROSENBAUM PLLC  
250 SOUTH AUSTRALIAN AVENUE, 5TH FLOOR  
WEST PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PASSERINI, JOHN  
Address 5544 N OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

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

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

Title DIRECTOR  
Name MACKIEWICZ, TOM  
Address 5544 N. OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

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

Title PRESIDENT  
Name SPIRITIS, GLEN  
Address 5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title TREASURER  
Name KOTSOL, PAUL  
Address 5544 NORTH OCEAN DRIVE  
City-State-Zip: SINGER ISLAND FL 33404

Title DIRECTOR  
Name HARWOOD, MICHAEL  
Address 5544 N. 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:** GUSTAVO USANDIZAGA**SECRETARY****03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	USANDIZAGA, GUSTAVO
Address	5544 N. OCEAN DRIVE
City-State-Zip:	SINGER ISLAND FL 33404