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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746290** (6)

1. Corporation Name

**WATERWAY VILLAGE ASSOCIATION, INC.**

Principal Place of Business

**1103 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884**

Mailing Address

**1103 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884-1996**



3. Date Incorporated or Qualified  
**03/16/1979**

3a. Date of Last Report  
**09/11/1996**

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

4. FEI Number

**59-2068999**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANNON, JERRY  
1103 CYPRESS GARDENS BLVD.  
#37  
WINTER HAVEN FL 33884**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PD** ☐ DELETE

NAME **CANNON, JERRY**  
STREET ADDRESS **1103 CYPRESS GARDENS BOULEVARD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ DELETE

NAME **BROCK, DENNIS**  
STREET ADDRESS **1103 CYPRESS GARDENS BOULEVARD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **S** ☐ DELETE

NAME **KAYLOR, KAY**  
STREET ADDRESS **1103 CYPRESS GARDENS BLV**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **TD** ☐ DELETE

NAME **HART, FRANCIS**  
STREET ADDRESS **1103 CYPRESS GARDENS BLV**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ DELETE

NAME **CARPENTER, GRETTA**  
STREET ADDRESS **1103 CYPRESS GARDENS BOULEVARD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **VP** ☐ DELETE

NAME **BEEMAN, MARK**  
STREET ADDRESS **1103 CYPRESS GARDENS BOULEVARD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add.

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐

6.2 NAME

6.3 STREET ADDRESS

6.4 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 o. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**JERRY CANNON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/97**  
Date

**941-293 97**  
Daytime Phone # **0054**

CR2E037 (9/96)