

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:25

DOCUMENT # 766189 (5)

1. Corporation Name
WATERWAY ESTATES ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O EDWARD A URBAN 4 PALM DR. PO BOX 245 YANKEETOWN FL 32698
C/O EDWARD A URBAN 4 PALM DR. PO BOX 245 YANKEETOWN FL 32698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1982	3a. Date of Last Report 08/23/1994
4. FEI Number 59-2279239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	25 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 34498	29 34498
Country	30 Country

9. Name and Address of Current Registered Agent
**URBAN, EDWARD A
4 PALM DRIVE
YANKEETOWN FL ~~32698~~ 34498**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL 34498
B3	
B4 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URBAN, EDWARD A 4 PALM DR. YANKEETOWN, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MCCRIMMON, STEVE 22 PALM DR YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRINK, ARTHUR L 39 MAGNOLIA AVE. YANKEETOWN, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD EDMONSTON, RICHARD 17 PALM DR YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUNNY, HELEN 13 PALM DR. YANKEETOWN FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S DIXON, DELORIS 15 MAGNOLIA AVE YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMAHON, CAROLE 6811 RIVERSIDE DR. YANKEETOWN, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T FRINK, PEGGY 39 MAGNOLIA AVE YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATNODE, MARTHA 20 HICKORY AVENUE YANKEETOWN, FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, SUE 55 MAGNOLIA AVE YANKEETOWN, FL 00000	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	YANKEETOWN, FL 34498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Steve McCrinion* **STEVE MCCRIMMON** 1/26/95 (904) 447-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#12

XAddition

TITLE	D
NAME	WOLFE, STRAUSS
STREET ADDRESS	7 PALM DRIVE
CITY-ST-ZIP	YANKEETOWN, FL 34498