

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **766189** (5)
1. Corporation Name
WATERWAY ESTATES ASSOCIATION, INC.



Principal Place of Business C/O EDWARD A URBAN 4 PALM DR. PO BOX 245 YANKEETOWN FL 32698	Mailing Address C/O EDWARD A URBAN 4 PALM DR. PO BOX 245 YANKEETOWN FL 32698
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3. Date Incorporated or Qualified 12/17/1982	3a. Date of Last Report 02/13/1995
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2279239	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent URBAN, EDWARD A 4 PALM DRIVE YANKEETOWN FL 34498		10. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MCCRIMMON, STEVE	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 22 PALM DR	CITY-ST-ZIP YANKEETOWN, FL 00000		
TITLE VD	NAME EDMONSTON, RICHARD	<input type="checkbox"/> DELETE	
STREET ADDRESS 17 PALM DR	CITY-ST-ZIP YANKEETOWN, FL 00000		
TITLE S	NAME DIXON, DELORIS	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 15 MAGNOLIA AVE	CITY-ST-ZIP YANKEETOWN FL		
TITLE T	NAME FRINK, PEGGY	<input type="checkbox"/> DELETE	
STREET ADDRESS 39 MAGNOLIA AVE	CITY-ST-ZIP YANKEETOWN, FL 00000		
TITLE D	NAME PATNODE, MARTHA	<input type="checkbox"/> DELETE	
STREET ADDRESS 20 HICKORY AVENUE	CITY-ST-ZIP YANKEETOWN, FL 00000		
TITLE D	NAME COWART, SUE	<input type="checkbox"/> DELETE	
STREET ADDRESS 55 MAGNOLIA AVE	CITY-ST-ZIP YANKEETOWN, FL 00000		
1.1 TITLE PD	1.2 NAME JEAN M. CLACHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS 6 MAGNOLIA AVE.	1.4 CITY-ST-ZIP YANKEETOWN, FL 34498		
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE S	3.2 NAME ELLIE JENSEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS 11 MAGNOLIA AVE.	3.4 CITY-ST-ZIP YANKEETOWN, FL 34498		
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

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 119.07(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: Jean M. Clacher **JEAN M. CLACHER** 2/5/96 447-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)