

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766189 (5)

1. Corporation Name
WATERWAY ESTATES ASSOCIATION, INC.



Principal Place of Business C/O JEAN M CLACHER 6 MAGNOLIA AVE PO BOX 278 YANKEETOWN FL 34498 US	Mailing Address C/O JEAN M CLACHER 6 MAGNOLIA AVE PO BOX 278 YANKEETOWN FL 34498 US
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3. Date Incorporated or Qualified 12/17/1982	
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O LINDA CHAFFEE	2a. Mailing Address 26 C/O LINDA CHAFFEE
Suite, Apt. #, etc. 22 10 MAGNOLIA AVE PO BOX 422	Suite, Apt. #, etc. 27 10 MAGNOLIA AVE PO BOX 422
City & State 23 YANKEETOWN FL	City & State 28 YANKEETOWN FL
Zip 24 34498	Country 25 USA
Zip 29 34498	Country 30 USA

9. Name and Address of Current Registered Agent

**CLACHER JEAN M
6 MAGNOLIA AVE
YANKEETOWN FL 34498**

10. Name and Address of New Registered Agent

81 Name LINDA CHAFFEE		
82 Street Address (P.O. Box Number is Not Acceptable) 10 MAGNOLIA AVE		
83		
84 City YANKEETOWN	85 State FL	86 Zip Code 34498

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 *Linda P. Chaffee* **LINDA P CHAFFEE** **4/20/98**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE PD	NAME CLACHER, JEAN M	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6 MAGNOLIA AVENUE	CITY-ST-ZIP YANKEETOWN FL	
TITLE VD	NAME EDMONSTON, RICHARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 17 PALM DR	CITY-ST-ZIP YANKEETOWN, FL 00000	
TITLE S	NAME MINTON, BARBARA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9 PALM DRIVE	CITY-ST-ZIP YANKEETOWN FL	
TITLE T	NAME FRINK, PEGGY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 39 MAGNOLIA AVE	CITY-ST-ZIP YANKEETOWN, FL 00000	
TITLE D	NAME PATNODE, MARTHA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 20 HICKORY AVENUE	CITY-ST-ZIP YANKEETOWN, FL 00000	
TITLE D	NAME COWART, SUE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 55 MAGNOLIA AVE	CITY-ST-ZIP YANKEETOWN, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	1.2 NAME ED URBAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS (P.O. Box 245) 4 PALM DR	1.4 CITY-ST-ZIP YANKEETOWN, FL 34498	
2.1 TITLE VD	2.2 NAME ED DAWKINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS (P.O. Box 22) 40 MAGNOLIA AVE	2.4 CITY-ST-ZIP YANKEETOWN, FL 34498	
3.1 TITLE S	3.2 NAME LINDA CHAFFEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 10 MAGNOLIA AVE	3.4 CITY-ST-ZIP YANKEETOWN, FL 34498	
4.1 TITLE T	4.2 NAME Deloras Dixon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS (P.O. Box 355) 15 MAGNOLIA AVE	4.4 CITY-ST-ZIP YANKEETOWN, FL 34498	
5.1 TITLE D	5.2 NAME Peggy FRINK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS 39 MAGNOLIA AVE	5.4 CITY-ST-ZIP YANKEETOWN, FL 34498	
6.1 TITLE D	6.2 NAME EDITH McCRIMMON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS (P.O. Box 520) 22 MAGNOLIA AVE	6.4 CITY-ST-ZIP YANKEETOWN, FL 34498	

14. I 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 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: *Linda P. Chaffee* **LINDA P. CHAFFEE** **4/1/98** (352) 447-0824

CR2E037 (10/97)