

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90043 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766189

1. Corporation Name
WATERWAY ESTATES ASSOCIATION, INC.

437268 - 90043 - 31

Principal Place of Business C/O CHAFFEE, LINDA 10 MAGNOLIA AVE/PO BOX 422 YANKEETOWN FL 34498 US	Mailing Address C/O CHAFFEE, LINDA 10 MAGNOLIA AVE/ PO BOX 422 YANKEETOWN FL 34498 US
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/17/1982
22. City & State	27. City & State	4. FEI Number 59-2279239
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CHAFFEE, LINDA 10 MAGNOLIA AVE YANKEETOWN FL 34498	10. Name and Address of New Registered Agent 81 Name DIANE STEIDEN 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 268 83 15 Palm Drive 84 City YANKEETOWN FL 85 Zip Code 34498
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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 *Diane Steiden* Secretary 3/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URBAN, ED 4 PALM DR/ PO BOX 245 YANKEETOWN FL 34498 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAWKINS, ED 40 MAGNOLIA AVE/ PO BOX 22 YANKEETOWN FL 34498 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAFFEE, LINDA 10 MAGNOLIA AVE YANKEETOWN FL 34498 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIANE STEIDEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 268 15 PALM DRIVE YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, DELORES 15 MAGNOLIA AVE / PO BOX 355 YANKEETOWN FL 34498 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRINK, PEGGY 39 MAGNOLIA AVE YANKEETOWN FL 34498 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRIMMON, EDITH 22 MAGNOLIA AVE/ PO BOX 520 PALM DR. YANKEETOWN FL 34498 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *SECRETARY REGISTERED* 3/31/99 352-447-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (1/88)