

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90059 044 ****61.25

DOCUMENT # 766189

1. Entity Name

WATERWAY ESTATES ASSOCIATION, INC.

P

Principal Place of Business

Mailing Address

C/O CHAFFEE, LINDA
 10 MAGNOLIA AVE/PO BOX 422
 YANKEETOWN FL 34498
 US

C/O CHAFFEE, LINDA
 10 MAGNOLIA AVE/ PO BOX 422
 YANKEETOWN FL 34498-0422
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O DIANE STEIDEN
 Suite, Apt. #, etc
 10 PALM DR

PO BOX 268
 Suite, Apt. #, etc
 10 PALM DR

City & State
 YANKEETOWN, FL

City & State
 YANKEETOWN, FL

4. FEI Number

59-2279239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip
 34498

Country
 LEUY

Zip
 34498

Country
 LEUY

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIDEN, DIANE
 15 PALM DR
 YANKEETOWN FL 34498

Name
 DIANE STEIDEN

Street Address (P.O. Box Number is Not Acceptable)
 10 PALM DRIVE

PO BOX 268

City
 YANKEETOWN FL Zip Code
 34498

mail delivery to PO BOX

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Diane Steiden Secretary* 3/11/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	URBAN, ED	4 PALM DR/ PO BOX 245	YANKEETOWN FL 34498	<input type="checkbox"/>
VD	DAWKINS, ED	40 MAGNOLIA AVE/ PO BOX 22	YANKEETOWN FL 34498	<input checked="" type="checkbox"/>
S	STEIDEN, DIANE	15 PALM DR	YANKEETOWN FL 34498	<input type="checkbox"/>
T	DIXON, DELORES	15 MAGNOLIA AVE / PO BOX 355	YANKEETOWN FL 34498	<input checked="" type="checkbox"/>
D	FRINK, PEGGY	39 MAGNOLIA AVE	YANKEETOWN FL 34498	<input checked="" type="checkbox"/>
D	MCCRIMMON, EDITH	22 PALM DR/P.O BOX 520	YANKEETOWN FL 34498	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
UD	HEDY EMERSON	8 PALM DRIVE	YANKEETOWN, FL 34498	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	DIANE STEIDEN	10 PALM DRIVE	YANKEETOWN, FL 34498	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	TRACY SWAIN	11 PALM DRIVE	YANKEETOWN, FL 34498	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ELEANOR FREDRICKS	6 PALM DRIVE	YANKEETOWN, FL 34498	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GEORGE D. ROSS	18 Magnolia St.	Yankeeetown FL 34498	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane Steiden*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2000 352-447-5711
 Date Daytime Phone #

CR2E037 (9/99)