

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90310 009 \*\*\*\*61.25

0079343

**DOCUMENT # 766189**

1. Entity Name

**WATERWAY ESTATES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O DIANE STEIDEN  
 10 PALM DR  
 YANKEETOWN FL 34498  
 US

P.O. BOX 268  
 10 PALM DR  
 YANKEETOWN FL 34498  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**40 10 PALM DR**

**PO BOX 268**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Yankeetown, FL**

**Yankeetown, FL**

4. FEI Number

**59-2279239**

Applied For

Not Applicable

**34498**

**LEVY**

**34498**

**LEVY**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIDEN, DIANE**  
**10 PALM DRIVE**  
**P.O. BOX 268**  
**YANKEETOWN FL 34498**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	<del>URBAN, ED</del>	
STREET ADDRESS	<del>4 PALM DR/ PO BOX 245</del>	
CITY-ST-ZIP	<del>YANKEETOWN FL 34498</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<del>EMERSON, HEDY</del>	
STREET ADDRESS	<del>8 PALM DRIVE</del>	
CITY-ST-ZIP	<del>YANKEETOWN FL 34498</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEIDEN, DIANE	
STREET ADDRESS	10 PALM DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	T	<input type="checkbox"/> Delete
NAME	<del>SWAIN, SALLY</del>	
STREET ADDRESS	<del>11 PALM DRIVE</del>	
CITY-ST-ZIP	<del>YANKEETOWN FL 34498</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>ELEANOR, FREDRICKS</del>	
STREET ADDRESS	<del>6 PALM DRIVE</del>	
CITY-ST-ZIP	<del>YANKEETOWN FL 34498</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRIMMON, EDITH	
STREET ADDRESS	22 PALM DR/P.O BOX 520	
CITY-ST-ZIP	YANKEETOWN FL 34498	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dixon, Ralph W.	
STREET ADDRESS	15 Magnolia Ave.	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George D. Ross	
STREET ADDRESS	18 Magnolia Ave.	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steiden, Diane	<b>SAME</b>
STREET ADDRESS	10 Palm	
CITY-ST-ZIP	Yankeetown, FL 34498	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M <sup>rs</sup> Mahon, Carole	
STREET ADDRESS	6811 Riverside Dr.	
CITY-ST-ZIP	Yankeetown, FL 34498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY B. COWART	
STREET ADDRESS	55 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDITH MCCRIMMON	<b>SAME</b>
STREET ADDRESS	22 PALM DR, PO BOX 520	
CITY-ST-ZIP	YANKEETOWN FL 34498	

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)