

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90010 042 \*\*\*\*61.25

**DOCUMENT # 766189**  
 1. Entity Name  
**WATERWAY ESTATES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PO BOX 422** **PO BOX 422**  
**YANKEETOWN FL 34498** **~~40 PALM DR~~**  
**US** **YANKEETOWN FL 34498**  
**US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)  
 4. FEI Number **59-2279239** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CHAMPAGNE, KARIN**  
**33 MAGNOLIA AVE.**  
**YANKEETOWN FL 34498**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAWKINS, JEAN</b> <b>40 MAGNOLIA AVE.</b> <b>YANKEETOWN FL 34498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FRINK, PEGGY</b> <b>39 MAGNOLIA AVE.</b> <b>YANKEETOWN FL 34498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHAMPAGNE, KARIN</b> <b>33 MAGNOLIA AVE.</b> <b>YANKEETOWN FL 34498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCMAHON, CAROLE</b> <b>6811 RIVERSIDE DRIVE</b> <b>YANKEETOWN FL 34498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COWART, JERRY B</b> <b>55 MAGNOLIA AVENUE</b> <b>YANKEETOWN FL 34498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCRIMMON, EDITH</b> <b>22 PALM DR/P.O BOX 520</b> <b>YANKEETOWN FL 34498</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Jean Dawkins* **3/22/04** **352-447-5443**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #