

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90046 011 ****61.25



DOCUMENT # 766189	
1. Entity Name WATERWAY ESTATES ASSOCIATION, INC.	
Principal Place of Business PO BOX 422 YANKEETOWN FL 34498 US	Mailing Address PO BOX 422 10 PALM DR YANKEETOWN FL 34498 US
2. Principal Place of Business	3. Mailing Address <i>P.O. Box 422</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Yankeeetown, FL.</i>
Zip	Country
	Zip <i>34498-0422</i>



1st MOORE CR2E037 (10/04)

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. Name and Address of Current Registered Agent CHAMPAGNE, KARIN 33 MAGNOLIA AVE. YANKEETOWN FL 34498	7. Name and Address of New Registered Agent Name <i>Carol Ross</i> Street Address (P.O. Box Number is Not Acceptable) <i>18 Magnolia Av.</i> City <i>Yankeeetown</i> FL Zip Code <i>34498</i>
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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 *Carol Ross* DATE *3-12-05*

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P DAWKINS, JEAN 40 MAGNOLIA AVE. YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete	TITLE NAME Ralph W. Dixon P.O. Box 355 15 Magnolia Av. (President) Yankeeetown, FL 34498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP FRINK, PEGGY 39 MAGNOLIA AVE. YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete	TITLE NAME V.P. Julian Swain 11 Palm Dr. Yankeeetown, FL 34498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S CHAMPAGNE, KARIN 33 MAGNOLIA AVE. YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete	TITLE NAME S Carol Ross P.O. Box 197-18 Magnolia Av Yankeeetown, FL 34498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T MCMAHON, CAROLE 6811 RIVERSIDE DRIVE YANKEETOWN FL 34498	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D COWART, JERRY B 55 MAGNOLIA AVENUE YANKEETOWN FL 34498	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MCCRIMMON, EDITH 22 PALM DR/P.O BOX 520 YANKEETOWN FL 34498	<input type="checkbox"/> Delete	TITLE NAME	<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: *Ralph W. Dixon* DATE: *3/12/05* DAYTIME PHONE #: *352-447-0164*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR