

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# 766189

Entity Name: WATERWAY ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 422  
YANKEETOWN, FL 34498 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 422  
YANKEETOWN, FL 344980422 US

**New Mailing Address:**

FEI Number: 59-2279239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSS, CAROL  
18 MAGNOLIA AVE.  
YANKEETOWN, FL 34498 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DIXON, RALPH W  
Address: 15 MAGNOLIA AVE, P.O. BOX 355  
City-St-Zip: YANKEETOWN, FL 34498

Title: VP ( ) Delete  
Name: SWAIN, JULIAN  
Address: 11 PALM DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: S ( ) Delete  
Name: ROSS, CAROL  
Address: 18 MAGNOLIA AVE, P.O. BOX 197  
City-St-Zip: YANKEETOWN, FL 34498

Title: T ( ) Delete  
Name: MCMAHON, CAROLE  
Address: 6811 RIVERSIDE DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: D ( ) Delete  
Name: COWART, JERRY B  
Address: 55 MAGNOLIA AVENUE  
City-St-Zip: YANKEETOWN, FL 34498

Title: D ( ) Delete  
Name: MCCRIMMON, EDITH  
Address: 22 PALM DR/P.O BOX 520  
City-St-Zip: YANKEETOWN, FL 34498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MCMAHON, CAROLE  
Address: 6811 RIVERSIDE DRIVE,P.O.BOX 162  
City-St-Zip: YANKEETOWN, FL 34498

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE MCMAHON

T

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date