

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766189

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: WATERWAY ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

55 MAGNOLIA DRIVE  
YANKEETOWN, FL 34498 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 422  
YANKEETOWN, FL 34498 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:**

STEIDEN, DIANE  
10 PALM DR.  
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: COWART, JERRY  
Address: 55 MAGNOLIA  
City-St-Zip: YANKEETOWN, FL 34498

Title: V ( ) Delete  
Name: MARX, WILLIAM A  
Address: 10 PALM DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: S ( ) Delete  
Name: STEIDEN, DIANE  
Address: 10 PALM DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

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

Title: D ( ) Delete  
Name: TUTINO, MICHAEL  
Address: 8 PALM DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: D ( ) Delete  
Name: MCDOUGAL, DON  
Address: 7 OAK DRIVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JERRY COWART

P

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date