

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766189

FILED
May 03, 2010
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:

55 MAGNOLIA AVE
YANKEETOWN, FL 34498 US

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEIDEN, DIANE
10 PALM DR.
YANKEETOWN, FL 34498 US

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
Name: COWART, JERRY
Address: 55 MAGNOLIA AVE
City-St-Zip: YANKEETOWN, FL 34498

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

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

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

Title: D
Name: SAYWARD, MICHAEL
Address: 39 MAGNOLIA AVE
City-St-Zip: YANKEETOWN, FL 34498

Title: D
Name: MCDUGAL, DON
Address: 7 OAK DRIVE
City-St-Zip: YANKEETOWN, FL 34498

I hereby 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 all other like empowered.

SIGNATURE: CAROLE MCMAHON

T

05/03/2010

Electronic Signature of Signing Officer or Director

_____ Date