

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90485 013 ****61.25

DOCUMENT # 766189



1. Entity Name
WATERWAY ESTATES ASSOCIATION, INC.

Principal Place of Business
~~XXXXXX~~ **P.O. Box 422**
YANKEETOWN FL 34498
US

Mailing Address
~~XXXXXX~~ **P.O. Box 422**
~~XXXXXX~~
YANKEETOWN FL 34498
US

2. Principal Place of Business
Yankeetown

3. Mailing Address
P.O. Box 422

Suite, Apt. #, etc.

City & State
Yankeetown, FL

City & State
Yankeetown, FL

Zip
34498

Country
USA

Zip
34498

Country
USA

4. FEI Number **59-2279239**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STEIDEN, DIANE
10 PALM DRIVE
P.O. BOX 268
YANKEETOWN FL 34498

7. Name and Address of New Registered Agent

Name
Champagne, Karin

Street Address (P.O. Box Number is Not Acceptable)
33 Magnolia Ave.

City
Yankeetown FL Zip Code
34498

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 *Jean Dawkins* (NOTE: Registered Agent signature required when reinstating)

DATE 2/26/03

FILE NOW: FEE IS \$61.25

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	PD DIXON, RALPH W 15 MAGNOLIA AVENUE YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, GEORGE 18 MAGNOLIA AVENUE YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIDEN, DIANE 10 PALM DRIVE YANKEETOWN FL 34498	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCAHON, CAROLE 6811 RIVERSIDE DRIVE YANKEETOWN FL 34498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, JERRY B 55 MAGNOLIA AVENUE YANKEETOWN FL 34498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRIMMON, EDITH 22 PALM DR/P.O BOX 520 YANKEETOWN FL 34498	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jean Dawkins 40 Magnolia Ave., Yankeetown 34498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peggy Frink 39 Magnolia Ave. Yankeetown, FL 34498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karin Champagne 33 Magnolia Ave., Yankeetown, FL 34498	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **2/26/03** **352-447-2927**

CR2E037 (10/02)