

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90473 046 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 770585

1. Entity Name

THE WATERWAYS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20803 BISCAYNE BLVD
 SUITE 103
 AVENTURA FL 33180
 US

20803 BISCAYNE BLVD
 SUITE 103
 AVENTURA FL 33180-1429
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2446177

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, LEON J
100 SE SECOND STREET
38TH FLOOR INTERNATIONAL PLACE
MIAMI FL 33131

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
TACHER, ROBERTA
20803 BISCAYNE BLVD., #103
AVENTURA FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSTD
BIRSIC, EDWARD
20803 BISCAYNE BLVD., #103
AVENTURA FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSTD
WHITEHURST, KATHY
20803 BISCAYNE BLVD STE 103
AVENTURA, FL 33180

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
BURRIS, DAVID
20803 BISCAYNE BLVD., #103
AVENTURA FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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: *Kathy Whitehurst*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.00

(305) 935-0255

Date

Daytime Phone #

CR2E037 (9/99)