

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 004 ****61.25

DOCUMENT # 770585

1. Entity Name

THE WATERWAYS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~20000 BISCAYNE BLVD~~
~~SUITE 100~~
~~AVENTURA FL 33100~~
 US

~~20000 BISCAYNE BLVD~~
~~SUITE 100~~
~~AVENTURA FL 33100~~
 US

2. Principal Place of Business

5555 Anglers Ave.

3. Mailing Address

5555 Anglers Ave.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

59-2446177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Registered Agents of Florida, LLC
 Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
 City **Miami** FL Zip Code **33131**

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

Howard J. Vogel, VP

4/5/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TACHER, ROBERTA	
STREET ADDRESS	20000 BISCAYNE BLVD., #100	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	BIRSIG, EDWARD	
STREET ADDRESS	20000 BISCAYNE BLVD., #100	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURRIS, DAVID	
STREET ADDRESS	20000 BISCAYNE BLVD., #100	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	WHITEHURST, KATHY	
STREET ADDRESS	20000 BISCAYNE BLVD SUITE 100	
CITY-ST-ZIP	MIAMI FL 33100	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

cc: Prop. Mgr.
General files

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5555 Anglers Ave., Suite 1	
STREET ADDRESS	Fort Lauderdale, FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5555 Anglers Ave., Suite 1	
STREET ADDRESS	Fort Lauderdale, FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVST	
STREET ADDRESS	Michael Gentry	
CITY-ST-ZIP	5555 Anglers Avenue, Suite 1	
	Fort Lauderdale, FL 33312	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this 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.

Michael Gentry 4-24-01 954-620-1000