

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770585

1. Entity Name

THE WATERWAYS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

5555 ANGLERS AVE
SUITE 1
FORT LAUDERDALE FL 33312
US

Mailing Address

5555 ANGLERS AVE
SUITE 1
FORT LAUDERDALE FL 33312
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2446177

Applied For

Not Applicable

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

REGISTERED AGENTS OF FLORIDA, LLC
100 SE SECOND STREET
SUITE 3500
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 PD
NAME TACHER, ROBERTA ☐ Delete
STREET ADDRESS 5555 ANGLERS AVE, STE 1
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE DVST
NAME EDWARD BIRSIC ☐ Change ☒ Addition
STREET ADDRESS 5555 ANGLERS AVE, STE 1
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE VD
NAME BURRIS, DAVID ☐ Delete
STREET ADDRESS 5555 ANGLERS AVE, STE 1
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVST
NAME GENTRY, MICHAEL ☒ Delete
STREET ADDRESS 5555 ANGLERS AVE, STE 1
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

EDWARD BIRSIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90021 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)