
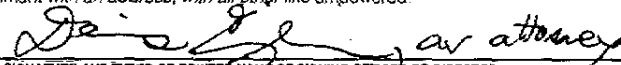


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 770585					
1. Entity Name THE WATERWAYS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 21125 YACHT CLUB DRIVE ATTN: JONATHAN LOUIS, MANAGER AVENTURA, FL 33180 US			Mailing Address 21125 YACHT CLUB DRIVE ATTN: JONATHAN LOUIS, MANAGER AVENTURA, FL 33180 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07082004 Chg-NP CR2E037 (10/03)	
Zip		Zip		4. FEI Number 59-2446177	
Country		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EISIGNER, DENNIS J ESQ 4000 HOLLYWOOD BOULEVARD SUITE 265-S HOLLYWOOD, FL 33021			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIAZZA, ALBERT C		NAME	U00000168111	
STREET ADDRESS	5555 ANGLERS AVE, STE 1A		STREET ADDRESS	07/23/04-80010-020 122.50	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEAL, MICHAEL		NAME		
STREET ADDRESS	5555 ANGLERS AVE, STE 1A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALONSO, KIM		NAME		
STREET ADDRESS	5555 ANGLERS AVE, STE 1A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: 			Date: 7/14/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		