


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90091 037 ****61.25

DOCUMENT # 770585
 1. Entity Name
THE WATERWAYS COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
1001 NORTH FEDERAL HIGHWAY **1001 NORTH FEDERAL HIGHWAY**
248 **248**
HALLANDALE BEACH, FL 33009 US **HALLANDALE, FL 33009** US

40054938



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11784 W. Sampler Rd. **11784 W. Sampler Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
103 **#103**

02142007 Chg-NP CR2E037 (12/06)

City & State City & State
Coral Springs FL **Coral Springs FL**
 Zip Zip Country Country
33065 **33065** **US** **US**

4. FEI Number Applied For
59-2446177 Not Applicable

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

6. Name and Address of Current Registered Agent
EISIGNER, DENNIS J ESQ
4000 HOLLYWOOD BOULEVARD
SUITE 265-S
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name: **United Community Mgt. Corp.**
 Street Address (P.O. Box Number is Not Acceptable): **11784 West Sampler Rd #103**
 City: **Coral Springs** FL Zip Code: **33065**

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: **Dennis Eisigner U.P. Finance United Comm. Mgmt. 3/15/07**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	LANIER, ROBERT	
STREET ADDRESS	1001 NORTH FEDERAL HWY., STE. 248	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	FROMBERG, LYNN	
STREET ADDRESS	1001 NORTH FEDERAL HWY., STE. 248	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLANK, FREDERICK	
STREET ADDRESS	1001 NORTH FEDERAL HWY., STE. 248	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOOR, SHELDON	
STREET ADDRESS	1001 NORTH FEDERAL HWY., #246	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIN, LORI	
STREET ADDRESS	1001 N FEDERAL HIGHWAY, #246	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARROCCOLI, ANGELA	
STREET ADDRESS	1001 N FEDERAL HIGHWAY, #246	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Fredric Blank Fredric Blank Treasurer 3/15/07**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #