



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 770585</b> 1. Entity Name <b>THE WATERWAYS COMMUNITY ASSOCIATION, INC.</b>						<b>FILED</b> <b>07 JUL -5 AM 9:40</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11784W SAMPLE RD 103 CORAL SPRINGS, FL 33065 US		Mailing Address 11784W SAMPLE RD 103 CORAL SPRINGS, FL 33065 US				05292007 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2446177</b>		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNITED COMMUNITY MGT CORP. 11784W SAMPLE RD 103 CORAL SPRINGS, FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>			
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				<b>800106641448</b> <b>07/24/07--01052--019 **\$1.25</b>		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, ROBERT 1001 NORTH FEDERAL HWY., STE. 248 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nie, Carol 11784 W. Sample Rd CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROMBERG, LYNN 1001 NORTH FEDERAL HWY., STE. 248 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Palatanik, Joel 11784 W. Sample Rd CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANK, FREDERIC 1001 NORTH FEDERAL HWY., STE. 248 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Blank, Fredric 11784 W. Sample Rd CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOOR, SHELDON 1001 NORTH FEDERAL HWY., #248 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Di modica, Frank 11784 W. Sample Rd. CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIN, LORI 1001 N FEDERAL HIGHWAY, #246 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thier, Craig 11784 W. Sample Rd CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARROCCOLI, ANGELA 1001 N FEDERAL HIGHWAY, #246 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Blasi, Santo 11784 West Sample Rd CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 115, 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: <u>Frederic Blank</u>				Date: <u>6/13/07</u>		Daytime Phone #: <u>305 932-6259</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							