FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:26

DOCUMENT # N01768 (3)

1. Corporation Name

WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4104 CORSAIR AVE KISSIMMEE FL 34741 US	4104 CORSAIR AVE KISSIMMEE FL 34741 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-3106521 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

WAKEFIELD, S. CRAIG
920 WEST EMMETT ST.
SUITE 710
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Harry J. Swart
82 Street Address (P.O. Box Number is Not Acceptable): 717 East Oak Street
83:
84 City: Kissimmee FL 85 Zip Code: 34744

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DEGUZMAN, LEONARD	1.2 NAME		
STREET ADDRESS	4104 CORSAIR AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	CALESTINE, KEITH	2.2 NAME		
STREET ADDRESS	4104 CORSAIR AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ANDERSON, ROSEMARY	3.2 NAME	BROOKS, JOHN	
STREET ADDRESS	4104 CORSAIR AVENUE	3.3 STREET ADDRESS	4104 CORSAIR AVE.	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, EULA	4.2 NAME		
STREET ADDRESS	4101 CORSAIR AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMME FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eula K. Scott Secy to Board 3-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000018