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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N01768** **(3)**

1. Corporation Name

WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~4104 CORSAIR AVE~~ 10 East Monument Ave KISSIMMEE FL 34741 US	~~4104 CORSAIR AVE~~ 10 East Monument Ave KISSIMMEE FL 34741-2909 US

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 07/23/1996

2. Principal Place of Business
21: 10 East Monument Ave
22: Suite, Apt. #, etc.
23: Kissimmee, FL
24: 34741
25: Country: USA

2a. Mailing Address
26: 10 East Monument Ave
27: Suite, Apt. #, etc.
28: Kissimmee, FL
29: 34741
30: Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWART, HARRY J.
717 E OAK ST
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Neil McCulloh
82 Street Address (P.O. Box Number is Not Acceptable): 220 N. Palmetto Ave
83:
84 City: Orlando FL 85 Zip Code: 32821

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 2/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☐ DELETE	2.1 TITLE	PRESIDENT, DIR	☒ 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	Kissimmee, FL 34741	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BROOKS, JOHN		3.2 NAME		
STREET ADDRESS	4104 CORSAIR AVE		3.3 STREET ADDRESS	6820 Bayshore Drive	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	St Cloud, FL 34771	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SCOTT, EULA		4.2 NAME		
STREET ADDRESS	4101 CORSAIR AVE		4.3 STREET ADDRESS	2509 Cecile Street	
CITY-ST-ZIP	KISSIMME FL		4.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		☐ DELETE	5.1 TITLE	DIR	☐ Change ☒ Addition
NAME			5.2 NAME	Dario Lorenzo	
STREET ADDRESS			5.3 STREET ADDRESS	4168 Corsair Ave	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		☐ DELETE	6.1 TITLE	DIR	☐ Change ☒ Addition
NAME			6.2 NAME	Edward Quirk	
STREET ADDRESS			6.3 STREET ADDRESS	10 East Monument Ave	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Kissimmee, FL 34741	

CR2E037 (9/96)

14. I do 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 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: Edward Quirk REQUIRED 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069643