

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90111 032 ****61.25

0073114

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01768

1. Corporation Name

WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10 EAST MONUMENT AVE
KISSIMMEE FL 34741
US

Mailing Address

10 EAST MONUMENT AVE
KISSIMMEE FL 34741
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/02/1984

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

9. Name and Address of Current Registered Agent

MCCULLOH, NEIL
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D LORENZO, DARIC
STREET ADDRESS 4168 CORSAIR AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME PD CALESTINE, KEITH
STREET ADDRESS 4104 CORSAIR AVENUE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME SD BROOKS, JOHN
STREET ADDRESS 6820 BAYSHORE DR
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME TD SCOTT, EULA
STREET ADDRESS 2509 CECILE ST
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME D QUIRK, EDWARD
STREET ADDRESS 10 E MONUMENT AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

407-846-9212

CR2E037 (1/98)