

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01768

1. Entity Name

WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIA

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90037 012 ****61.25

Principal Place of Business

10 EAST MONUMENT AVE
KISSIMMEE FL 34741
US

Mailing Address

10 EAST MONUMENT AVE
KISSIMMEE FL 34741-5749
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3106521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLOH, NEIL
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D LORENZO, DARIO
STREET ADDRESS 4168 CORSAIR AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D CALESTINE, KEITH
STREET ADDRESS 4104 CORSAIR AVENUE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT BROOKS, JOHN
STREET ADDRESS 6820 BAYSHORE DR
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS SCOTT, EULA
STREET ADDRESS 2509 CECILE ST
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD QUIRK, EDWARD
STREET ADDRESS 10 E MONUMENT AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001/0001