2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90181 044 ****61.25

DOCUMENT # N01768

1. Entity Name

WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIA

Principal Place of Business	Mailing Address
10 EAST MONUMENT AVE KISSIMMEE FL 34741 US	10 EAST MONUMENT AVE KISSIMMEE FL 34741 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	Mailing Address
	P.O. Box 421448
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Kissimmee, Florida
Zip / Country	Zip: 34742 / Country: Osceola

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

MCCULLOH, NEIL
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: Hometown Mgmt Professional
Street Address (P.O. Box Number is Not Acceptable): 1150 Meadow Springs Ct
City: Kissimmee FL Zip Code: 34741

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORENZO, DARIO 4168 CORSAIR AVE KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALESTINE, KEITH 4104 CORSAIR AVENUE KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROOKS, JOHN 6820 BAYSHORE DR KISSIMMEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCOTT, EULA 2509 CECILE ST KISSIMME FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUIRK, EDWARD 10 E MONUMENT AVE KISSIMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 4/24/01 407-846-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #