FILED Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90159 004 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01768

1. Entity Name

WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIA TION, INC.



Principal Place of Business Mailing Address % DYNAMIC PROPERTY MANAGEMENT % DYNAMIC PROPERTY MANAGEMENT 1000 EMMETT ST. #201 1000 EMMETT ST. #201 KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State FEI Number 59-3106521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCULLOH, NEIL Street Address (P.O. Box Number is Not Acceptable) 1065 MAITLAND CENTER COMMONS BLVD MAITLAND FL 32751 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) * DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P.D. TITLE Delete TITLE Change ☐ Addition SHIPPEN HUBERT. LORENZO, DARIO NAME NAME > . 307 WIBCONSIN AVENUE STREET ADDRESS STREET ADDRESS 12111 BELLSWORTH WAY CITY-ST-ZIP ST. CLOUD- FL. 34769, CITY-ST-ZIP ORLANDO FL 32837 Delete T.D. Addition TITLE TITLE Change GERHART. LIEBERMAN CALESTINE, KEITH NAME NAME 3964 HUNTERS ISLE DR. STREET ADDRESS 1160 E DONEGAN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34744 ORLANDO. FL. 32837. TITLE Delete TITLE ☐ Change Addition SCOTT, EULA JEDDIÈ KING NAME NAME STREET ADDRESS STREET ADDRESS 2509 CECILE ST 19.S. FLAG COURT CITY - ST - 7IP CITY-ST-ZIP KISSIMMEE. FL. 34759 KISSIMME FL TITLE TITLE ☐ Addition QUIRK, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 2009 AGATE ST CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE TITLE ☐ Addition NAME SHIPPEY, HUBERT NAME STREET ADDRESS STREET ADDRESS 307 WISCONSIN AVE CITY-ST-ZIP CITY-ST-ZIP SAINT CLOUD FL 34769 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

1-27-03