## 2004 NOT-FOR-PROFIT CORPORATION. ANNUAL REPORT (AR)

## May 17, 2004 8:00 am Secretary of State DOCUMENT # N03000001812 04-27-2004 90059 032 \*\*\*\*61.25 WATERWAY PATIO HOMES CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 58 CLUBHOUSF LN -100 CLUBHOUSE LANE SEBRING FL 33870 66421997 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 66-1024385 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREED, E. MARK III 325 N. COMMERCE AVE Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 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 the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TETLE Change TELLSCHOW, MICHAEL MARIE KRENISKY NAME NAME 98 CLUBHOUSE LANE 58 QUBHOUSE LN-STREET ADDRESS STREET ADDRESS SEBRING FL 33876 CITY - ST-ZIP SEBRING FL-33876 CITY-ST-7IP TITLE **X** Delete TITLE ☐ Change ■ Addition FRANK PRICE DUFFEY, SHRISTOPHER NAME NAME 28 CLUBHOUSELN-6048 OAKLEAFE SIRCLE STREET ADDRESS STREET ADDRESS SEBRING FL 33876 CITY - ST- 78 SEBRING, FL- 33876 CITY-ST-7P TITLE 💢 Delete Change | ☐ Addition DUFFEY, ANNE NAME WILLIAM B, MONTAG. NAME 6048 OAKLEAFE CIRCLE STREET ADDRESS STREET ADDRESS 32 CLUBHOUSE LN-SEBRING FL 33876\_ CITY-ST-ZIP City-St-ZP-SEBRING. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Chance Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath, 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.

FILED