2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008087

FILED Apr 30, 2009 Secretary of State

Entity Name: WATERWAYS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1908 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 US

Current Mailing Address: New Mailing Address:

1663 SW 158 TERRACE 12515 N KENDALL DR 314

PEMBROKE PINES, FL 33027 US MIAMI, FL 33186

FEI Number: 54-2067999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTO, DARLENE SHENKMAN AND SON MANAGEMENT CORP 1663 SW 158 TERRACE 12515 N KENDALL D 314

PEMBROKE PINES, FL 33027 US MIAMI, FL 33186 US

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: HOWARD SHENKMAN 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TERENZIO, CARL
 Name:
 PATULLO, THOMAS

 Address:
 1015 IBIS AVENUE
 Address:
 3872 SHERIDAN ST

City-St-Zip: MIAMI SPRINGS, FL 33166 US City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP () Delete Title: () Change () Addition

 Name:
 CONTESSA, THOMAS
 Name:

 Address:
 1269 NW 127 DRIVE
 Address:

 City-St-Zip:
 SUNRISE, FL 33323 US
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 SOUTO, DARLENE
 Name:

 Address:
 1663 SW 158 TERRACE
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33027 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE SOUTO S 04/30/2009