

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33634** (9)
1. Corporation Name
THE WATERWAY RECREATION ASSOCIATION, INC.



Principal Place of Business
306 GOLFVIEW ROAD
300 GOLFVIEW ROAD #202
N. PALM BEACH FL 33408
US

Mailing Address
306 GOLFVIEW ROAD
N. PALM BEACH FL 33408
US

3. Date Incorporated or Qualified **08/07/1989** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business 300 GOLFVIEW RD	26	2a. Mailing Address	4.	FEI Number 65-0160109	Applied For				
22	Suite, Apt. #, etc. 304 GOLFVIEW RD 306 GOLFVIEW RD	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State NORTH PALM BCH, FL	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip 33408	25	Country USA	29	Zip	30.	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
SCHIFF, JOSEPH Z. 300 GOLFVIEW ROAD #202 N. PALM BEACH FL 33408				81	Name ROBERTA STEPHENS					
				82	Street Address (P.O. Box Number is Not Acceptable) 304 GOLFVIEW RD PH 8					
				83						
				84	City	NORTH PALM BCH	FL	85	Zip Code	33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ROBERTA STEPHENS (STD)** *Roberta Stephens* 3/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD SCHIFF, JOSEPH Z. 300 GOLFVIEW ROAD, #202 NORTH PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE	VD EGIDIO DODARO 308 GOLFVIEW RD #307 NORTH PALM BCH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD CALOMINO, JOSEPH F. 308 GOLFVIEW RD, #403 N. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME	STD ROBERTA STEPHENS 304 GOLFVIEW RD PH8 NORTH PALM BCH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STD GIBSON, THOMAS C. 304 GOLDVIEW RD., #106 NORTH PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERTA STEPHENS (STD)** *Roberta Stephens* 3/9/96 (407) 694-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)