

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**  
**Sep 03 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mathiam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33634 (9)**  
1. Corporation Name  
**THE WATERWAY RECREATION ASSOCIATION, INC.**



Principal Place of Business <b>300 GOLFVIEW RD. 304 GOLFVIEW RD., 306 GOLFVIEW RD. NORTH PALM BEACH FL 33408 US</b>	Mailing Address <b>306 GOLFVIEW ROAD N. PALM BEACH FL 33408 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/07/1989</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>65-0160109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

**9. Name and Address of Current Registered Agent**

**ROBERTA STEPHENS  
304 GOLFVIEW RD. PH8  
#202  
NORTH PALM BEACH, FL 33408**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>ROBERTA STEPHENS</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>304</b>
<b>83</b> <del>304</del> <b>GOLFVIEW RD PH8</b>
<b>84</b> City <b>NORTH PALM BEACH FL</b>
<b>85</b> Zip Code <b>33408</b>

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>SCHIFF, JOSEPH Z.</b>	
STREET ADDRESS <b>300 GOLFVIEW ROAD, #202</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DODARO, EGIDIO</b>	
STREET ADDRESS <b>308 GOLFVIEW RD #307</b>	
CITY-ST-ZIP <b>NORTH PALM BCH FL 33408</b>	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE
NAME <b>ROBERTA STEPHENS</b>	
STREET ADDRESS <b>304 GOLFVIEW DR. PH8</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL 33408</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>VICE PRESIDENT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>JOSEPH Z. SCHIFF</b>	
1.3 STREET ADDRESS <b>300 GOLFVIEW RD #202</b>	
1.4 CITY-ST-ZIP <b>NORTH PALM BCH, FL 33408</b>	
2.1 TITLE <b>PRESIDENT D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>ELMER SNOW</b>	
2.3 STREET ADDRESS <b>308 GOLFVIEW RD #405</b>	
2.4 CITY-ST-ZIP <b>NORTH PALM BCH FL 33408</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*112 #48  
8/16/97*

**14. I do 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 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.**

CP2E037 (4/97)