

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
300 GOLFVIEW RD.  
304 GOLFVIEW RD., 306 GOLFVIEW RD.  
NORTH PALM BEACH FL 33408  
US

3. Date Incorporated or Qualified

08/07/1989

4. FEI Number

65-0160109

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTA STEPHENS  
304 GOLFVIEW RD PH8  
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

*Roberta Stephens*

(NOTE: Registered Agent signature required when reinstating)

4/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME SCHIFF, JOSEPH Z.  
STREET ADDRESS 300 GOLFVIEW ROAD, #202  
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

TITLE PD  
NAME SNOW, ELMER  
STREET ADDRESS 308 GOLFVIEW RD #405  
CITY-ST-ZIP NORTH PALM BCH FL ☒ DELETE

TITLE STD  
NAME ROBERTA STEPHENS  
STREET ADDRESS 304 GOLFVIEW DR. PH8  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD  
1.2 NAME BERL ZELLNER  
1.3 STREET ADDRESS 308 GOLFVIEW RD #303  
1.4 CITY-ST-ZIP 1 ☒ Change ☒ Addition

2.1 TITLE PD  
2.2 NAME MARTIN KIRSCHNER  
2.3 STREET ADDRESS 300 GOLFVIEW RD #507  
2.4 CITY-ST-ZIP NORTH PALM BCH, FL 33408 ☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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* ROBERTA STEPHENS 4/10/98 (561) 775-4992

CR2E037 (10/97)