

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90213 046 ****61.25

DOCUMENT # N33634

1. Entity Name

THE WATERWAY RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 GOLFVIEW RD. ³⁰⁸
 304 GOLFVIEW RD., ~~308~~ GOLFVIEW RD.
 NORTH PALM BEACH FL 33408
 US

304 GOLFVIEW RD
 NORTH PALM BEACH FL 33408-3523
 US

2. Principal Place of Business

CNG 306 TO 308

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0160109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTA STEPHENS
304 GOLFVIEW RD PH8
NORTH PALM BEACH FL 33408

Name

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

City

FL

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.

SIGNATURE

Roberta Stephens **STD ROBERTA STEPHENS** **3/16/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VPD ZELLNER, B**
 STREET ADDRESS **308 GOLFVIEW RD, 303**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE Change Addition
 NAME **D BERL ZELLNER**
 STREET ADDRESS **308 GOLFVIEW RD #303**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE Delete
 NAME **PD KIRSCHNER, M**
 STREET ADDRESS **300 GOLFVIEW RD, 507**
 CITY-ST-ZIP **NORTH PALM BCH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **STD ROBERTA STEPHENS**
 STREET ADDRESS **304 GOLFVIEW RD PH-8**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD JEAN FILES**
 STREET ADDRESS **308 GOLFVIEW RD #407**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D BOB NELSON**
 STREET ADDRESS **308 GOLFVIEW RD PH7**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD BONNIE WALSKI**
 STREET ADDRESS **300 GOLFVIEW RD #503**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberta Stephens **ROBERTA STEPHENS** **3/16/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)