## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N33634** 1. Entity Name

## FILED Apr 29, 2002 8:00 am Secretary of State

NORTH PALM BEACH FL 33408  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  ROBERTA STEPHENS  304 GOLFVIEW RD PH8  NORTH PALM BEACH FL 33408  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable.  (NOTE: Registered Agent office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable.  (NOTE: Registered Agent ognature required when reinstating)  DATE  Make Check Payable to Department of State	· IHE WA	TERWAY RECHEATION ASSU	OCIATION, INC.			)4-29-2002 90140 044	1 ****61	25	
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City & State  Country  Country  Country  S. Certificate of Status Desired  Set 54 doubled For Not Application  For Floquing or State  ROBERTA STEPHENS  304 GOLFVIEW RD PH8  NORTH PALM BEACH FL 33408  SIGNATURE  Signata, lipical or predictions of incyticated agent and faddress of New Registered Agent  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  The above numed circly submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signata, lipical or predictions of incyticated agent will fell registered.  9. Election Campaign Financing  Trust Fund Contribution.  ADDITIONS/CHANNES TO OFFICERS AND DIRECTORS IN 10  ADDITIONS/CHANNES TO OFFICERS AND DIRECTORS IN 10  MAKE  STREET ADDITIONS/CHANNES TO OFFICERS AND DIRECTORS IN 10  ADDITIONS/CHANNES TO O	2. Principal Place of Business		3. Mailing Address						
Second	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SF	PACE		
September   Sept	City & State		City & State		4. FEI Number	65-0460400			
ROBERTA STEPHENS 304 GOLFVIEW RD PHB NORTH PALM BEACH FL 33408  6. The above named entity submits this statement for the purpose of changing its registered agent or both, in the state of Florida.  Signature Space or printed name of registered agent or both, in the state of Florida.  SIGNATURE  Signature Space or printed name of registered agent or both, in the state of Florida.  SIGNATURE  Signature Space or printed name of registered agent or both, in the state of Florida.  FILE NOW: FEE IS \$61.25  9. Election Campelign Financing Addition or Printed Name International Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  WALSKI, BONNIE  WALSKI, BONNIE  WALSKI, BONNIE  WALSKI, BONNIE  WALSKI, BONNIE  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  WALSKI, BONNIE  WALSKI, BONNIE  WALSKI, BONNIE  WALSKI, BONNIE  WALSKI, BONNIE  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  WALSKI, BONNIE  W	Zip	Country	Zip	Country		atus Desired	<b>8.75</b> Ad	ditional	1
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Add		<u></u>		ł
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E. 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    Signature, typed or printed name of registered agent and tile of applicable.   (IOTE: Registered Agent Symature Production in the state of Florida.				Street Address (P.O. Box Number is Not Acceptable)					]=~
B. 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    SIGNATURE   Signature, operation printed name of registered agent and title if applicable. (NOTE Proposers Agent agent, and applicable or printed name of registered agent and title if applicable. (NOTE Proposers Agent agent, or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered agent and title if applicable. (NOTE Proposers Agent agent, or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered agent, or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered agent. or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered agent. or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered office or registered agent. or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered office or registered agent. or both, in the state of Florida.    SIGNATURE   Signature, operation printed name of registered agent. or both, in the state of Florida.    SIGNATURE   Signature, operation printed name intensiting)   OATE   Signature printed name nature printed name na									1
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TEXT THOROUGH OWNER BOARD BROWNING COMPANY OF THE BROWNING OF THE CARD OF THE CONTROL OF THE CON			this filing does not qualify for t		I in Section 119.07(3)(i). Fk	orida Statutes. I further certif	v that the	information	1

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: