


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90225 047 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # N33634 | |  | |
| 1. Entity Name THE WATERWAY RECREATION ASSOCIATION, INC. | | | |
| Principal Place of Business 300 GOLFWVIEW RD. 304 GOLFWVIEW RD., 308 GOLFWVIEW RD. NORTH PALM BEACH FL 33408 US | | Mailing Address 304 GOLFWVIEW RD NORTH PALM BEACH FL 33408-3523 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent ROBERTA STEPHENS 304 GOLFWVIEW RD PH8 NORTH PALM BEACH FL 33408 | | 7. Name and Address of New Registered Agent Name RON DAWLEY Street Address (P.O. Box Number is Not Acceptable) 300 GOLFWVIEW RD # 302 City NORTH PALM BEACH FL Zip Code 33408 | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE RON DAWLEY <i>Ron Dawley</i> DATE 04/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALSKI, BONNIE | NAME | JAN VANDERSLUIS |
| STREET ADDRESS | 300 GOLFWVIEW ROAD #503 | STREET ADDRESS | 300 GOLFWVIEW RD # 407 |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | VPD <input checked="" type="checkbox"/> Delete | TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NELSON, ROBERT | NAME | CHARLOTTE CHICKERING |
| STREET ADDRESS | 304 GOLFWVIEW ROAD, PH7 | STREET ADDRESS | 308 GOLFWVIEW RD # 104 |
| CITY-ST-ZIP | NORTH PALM BCH FL 33408 | CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | TD <input checked="" type="checkbox"/> Delete | TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERTA STEPHENS | NAME | LYDA STONE |
| STREET ADDRESS | 304 GOLFWVIEW DR. PH8 | STREET ADDRESS | 304 GOLFWVIEW RD # 202 |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAWLEY, RON | NAME | BRUCE HOLDEN |
| STREET ADDRESS | 300 GOLFWVIEW ROAD #302 | STREET ADDRESS | 308 GOLFWVIEW RD # 203 |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROACH, JACK | NAME | DENNIS WAGNER |
| STREET ADDRESS | 304 GOLFWVIEW RD. PH1 | STREET ADDRESS | 304 GOLFWVIEW RD # 106 |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | SD <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FILES, JEAN | NAME | |
| STREET ADDRESS | 308 GOLFWVIEW ROAD, #407 | STREET ADDRESS | |
| CITY-ST-ZIP | NORTH PALM BCH FL 33408 | CITY-ST-ZIP | |



MOORE CR2E037 (11/03)

4. FEI Number **65-0160109** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required.

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: *Ron Dawley* **RON DAWLEY** DATE **04/21/04** Daytime Phone # **352-9161**