

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90024 015 ****61.25



DOCUMENT # N33634
 1. Entity Name
THE WATERWAY RECREATION ASSOCIATION, INC.

Principal Place of Business Mailing Address
300 GOLFVIEW RD. **304 GOLFVIEW RD**
304 GOLFVIEW RD., 308 GOLFVIEW RD. **NORTH PALM BEACH FL 33408-3523**
NORTH PALM BEACH FL 33408 **US**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
65-0160109 Not Applicable

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

6. Name and Address of Current Registered Agent
DAWLEY, RON
300 GOLFVIEW RD #302
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 Name: **ROBERTA STEPHENS**
 Street Address (P.O. Box Number is Not Acceptable): **304 GOLFVIEW RD PH8**
 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: **ROBERTA STEPHENS** *Roberta Stephens* **02/09/05**
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDERSLUIJ, JAN <input checked="" type="checkbox"/> Delete 300 GOLFVIEW RD #407 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHICKERING, CHARLOTTE <input checked="" type="checkbox"/> Delete 308 GOLFVIEW RD., #104 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, LYDA <input type="checkbox"/> Delete 304 GOLFVIEW DR., #202 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWLEY, RON <input checked="" type="checkbox"/> Delete 300 GOLFVIEW ROAD #302 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, BRUCE <input checked="" type="checkbox"/> Delete 308 GOLFVIEW RD., #203 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, DENNIS <input type="checkbox"/> Delete 304 GOLFVIEW RD., #106 NORTH PALM BEACH FL 33408

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTA STEPHENS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 304 GOLFVIEW RD PH8 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATRICIA BITTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 304 GOLFVIEW RD #103 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEYNA DAWLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 GOLFVIEW RD #302 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARON SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 308 GOLFVIEW RD #508 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEILA MCCALLUM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300 GOLFVIEW RD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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** **2/9/05** **775-4992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #