

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 032 ****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 Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **65-0160109** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEPHENS, ROBERTA
304 GOLFVIEW ROAD
PENTHOUSE 8
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	VD	<input type="checkbox"/> Delete
NAME	BITTER, PATRICIA	
STREET ADDRESS	304 GOLFVIEW ROAD #103	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEPHENS, ROBERTA	
STREET ADDRESS	304 GOLFVIEW ROAD PENTHOUSE 8	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STONE, LYDA	
STREET ADDRESS	304 GOLFVIEW DR., #202	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAWLEY, LEYNA	
STREET ADDRESS	300 GOLFVIEW ROAD #302	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SHARON	
STREET ADDRESS	308 GOLFVIEW ROAD #508	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, DENNIS	
STREET ADDRESS	304 GOLFVIEW RD., #106	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK CASOLA	
STREET ADDRESS	304 GOLFVIEW RD #H5	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE McVEY	
STREET ADDRESS	300 GOLFVIEW RD #501	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL RYAN	
STREET ADDRESS	300 GOLFVIEW RD #301	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 3/29/06 775-4992