

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90153 021 ****61.25

DOCUMENT # N33634

1. Entity Name
THE WATERWAY RECREATION ASSOCIATION, INC.



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

Mailing Address
**304 GOLFVIEW RD
NORTH PALM BEACH FL 33408-3523
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

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

6. Name and Address of Current Registered Agent
**ROBERTA STEPHENS
304 GOLFVIEW RD PH8
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: _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **WALSKI, BONNIE**
STREET ADDRESS **300 GOLFVIEW ROAD #503**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **NELSON, ROBERT**
STREET ADDRESS **304 GOLFVIEW ROAD, PH7**
CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **DAWLEY, RON**
STREET ADDRESS **300 GOLFVIEW ROAD #302**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PICCIOLI, LOU**
STREET ADDRESS **304 GOLFVIEW ROAD #108**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
NAME **ROACH, JACK**
STREET ADDRESS **304 GOLFVIEW RD PH1**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **SD** Delete
NAME **FILES, JEAN**
STREET ADDRESS **308 GOLFVIEW ROAD, #407**
CITY-ST-ZIP **NORTH PALM BCH FL 33408**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

4/9/03 352-9161

CR2E037 (10/02)