

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/25

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90093 047 \*\*\*\*61.25

**DOCUMENT # N97000000495**

1. Entity Name

**WATERWAYS MARINA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

801 UNO LAGO DRIVE  
 JUNO BEACH FL 33408

801 UNO LAGO DRIVE  
 JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0714782**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GRAZIOTTO, RAYMOND E**  
**801 UNO LAGO DRIVE**  
**JUNO BEACH FL 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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME GRAZIOTTO, RAYMOND E  
 STREET ADDRESS 801 UNO LAGO DRIVE  
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME SOLOMON, JOHN C II  
 STREET ADDRESS 801 UNO LAGO DRIVE  
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD ☒ Delete  
 NAME MOORE, M. LEON  
 STREET ADDRESS 3238 CASSEEKEY ISLAND RD  
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE CFO ☐ Delete  
 NAME TAYLOR, WILLIAM E  
 STREET ADDRESS 801 UNO LAGO DR  
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☒ Change ☐ Addition  
 NAME **CFO, D**  
 STREET ADDRESS **801 UNO LAGO DR**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*William E Taylor* William E Taylor

4-17-2001

561-625-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)