

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770585 (8)
1. Corporation Name
THE WATERWAYS COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
% MIAMI MANAGEMENT, INC
P O BOX 801338
AVENTURA FL 33180

3. Date Incorporated or Qualified **09/30/1983** 3a. Date of Last Report **03/21/1995**
4. FEI Number **59-2446177** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **20803 Biscayne Blvd** 26 **20803 Biscayne Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 103** 27 **Suite 103**
City & State City & State
23 **Aventura, FL** 28 **Aventura, FL**
Zip Country Zip Country
24 **33180** 25 29 **33180** 30

9. Name and Address of Current Registered Agent

WOLFE, LEON J
100 SE SECOND STREET
38TH FLOOR INTERNATIONAL PLACE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.C. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PD**
NAME **TACHER, ROBERTA**
STREET ADDRESS **20803 BISCAYNE BLVD., #103**
CITY-ST-ZIP **AVENTURA FL**

☐ DELETE

TITLE **SVD**
NAME **ACKERMAN, ROBERT C**
STREET ADDRESS **20803 BISCAYNE BLVD., #103**
CITY-ST-ZIP **AVENTURA FL**

☐ DELETE

TITLE **TD**
NAME **SEMLER, DAN**
STREET ADDRESS **20803 BISCAYNE BLVD., #103**
CITY-ST-ZIP **AVENTURA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VSTD

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert C. Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert C. Ackerman

4-9-96
Date

305 935-0255
Daytime Phone #

CR2E037 (12/95)