

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770585

1. Entity Name

THE WATERWAYS COMMUNITY ASSOCIATION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90473 046 \*\*\*\*61.25

Principal Place of Business

20803 BISCAYNE BLVD  
SUITE 103  
AVENTURA FL 33180  
US

Mailing Address

20803 BISCAYNE BLVD  
SUITE 103  
AVENTURA FL 33180-1429  
US

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

59-2446177

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

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

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.

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  
NAME TACHER, ROBERTA  
STREET ADDRESS 20803 BISCAYNE BLVD., #103  
CITY-ST-ZIP AVENTURA FL ☐ Delete

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

TITLE VSTD  
NAME BIRSIC, EDWARD  
STREET ADDRESS 20803 BISCAYNE BLVD., #103  
CITY-ST-ZIP AVENTURA FL ☐ Delete

TITLE VSTD  
NAME WHITEHURST, KATHY  
STREET ADDRESS 20803 BISCAYNE BLVD STE 103  
CITY-ST-ZIP AVENTURA, FL 33180 ☒ Change ☐ Addition

TITLE VD  
NAME BURRIS, DAVID  
STREET ADDRESS 20803 BISCAYNE BLVD., #103  
CITY-ST-ZIP AVENTURA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Kathy Whitehurst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.00

Date

(305) 935-0255

Daytime Phone #

CR2E037 (9/99)