
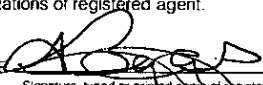
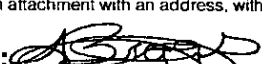


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90279 045 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N42116 1. Entity Name WATERWAYS AT DELRAY CONDOMINIUM NO. 1 ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 322 NE 3RD STREET BOYNTON BEACH, FL 33435 US | | | Mailing Address 322 NE 3RD STREET BOYNTON BEACH, FL 33435 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0348671 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEITZNER, WILLIAM 15209 S TRANQUILITY LAKE DRIVE APT 201 DELRAY BEACH, FL 33446 | | | 7. Name and Address of New Registered Agent Name Amos Biggers Street Address (P.O. Box Number is Not Acceptable) 15209 S. Tranquility Lake Dr #101 City Delray Beach FL Zip Code 33446 | | |
| 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) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | SD SCHNUN, CINDY <input type="checkbox"/> Delete 15209 S TRANQUILITY DR #202 DELRAY BEACH, FL 33446 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEITZNER, WILLIAM <input checked="" type="checkbox"/> Delete 15209 S TRANQUILITY LAKE DR, APT 201 DELRAY BEACH, FL 33446 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Amos Biggers <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15209 S. Tranquility #101 Delray Beach, FL 33446 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FERRARO, FRANK <input type="checkbox"/> Delete 15209 S TRANQUILITY LAKE DR, APT. 203 DELRAY BEACH, FL 33446 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | 4/9/04 561) 865-9399 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |