

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90043 046 \*\*\*\*61.25

**DOCUMENT # 741351**

1. Entity Name

**THE WATERWAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**304-308 GOLFVIEW RD  
NORTH PALM BEACH FL 33408  
US**

Mailing Address

**304 GOLFVIEW ROAD  
NORTH PALM BEACH FL 33408  
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

**59-1532683**

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

**STEPHENS, ROBERTA  
304 GOLFVIEW RD, PH-8  
N PLM BCH FL 33408**

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  
Due By May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	KIRKEBY, JOHN	
STREET ADDRESS	308 GOLFVIEW RD #202	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEPHENS, ROBERTA	
STREET ADDRESS	304 GOLFVIEW RD, PH-8	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BITTER, PATRICIA	
STREET ADDRESS	304 GOLFVIEW ROAD #103	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, SHARON	
STREET ADDRESS	308 GOLFVIEW RD #508	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSICH, WILLIAM	
STREET ADDRESS	304 GOLFVIEW ROAD PH2	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BITTER, PATRICIA	
STREET ADDRESS	304 GOLFVIEW RD #103	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL CLARK	
STREET ADDRESS	304 GOLFVIEW RD #301	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE BATTAGLINI	
STREET ADDRESS	308 GOLFVIEW RD # 406	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Roberta Stephens* **ROBERTA STEPHENS** 2/9/05 (561) 775-4992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #