


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90128 035 ****61.25

DOCUMENT # N97000007131	
1. Entity Name WATERWAYS OF OCEAN RIDGE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 6421 CONGRESS AVENUE 110 BOCA RATON, FL 33487	Mailing Address 6421 CONGRESS AVENUE 110 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
07022007 Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0932999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

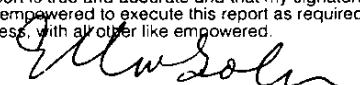
6. Name and Address of Current Registered Agent	
AKAM SOUTH, INC 6421 CONGRESS AVENUE 110 BOCA RATON, FL 33487	

7. Name and Address of New Registered Agent	
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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by September 14, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, HARRY	NAME	
STREET ADDRESS	10 OCEAN HARBOUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	1STV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHKOWITZ, PAUL	NAME	
STREET ADDRESS	1 OCEAN HARBOUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	2NDV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTKIW, STEVE	NAME	
STREET ADDRESS	3 OCEAN HARBOUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLTZL, JEFFREY	NAME	
STREET ADDRESS	8 OCEAN HARBOUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKIN, MARK	NAME	
STREET ADDRESS	2 OCEAN HARBOUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date: <u>7/12/07</u> Daytime Phone #: <u>561-994-4870</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	