

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90178 006 ****61.25

DOCUMENT # N42116

1. Entity Name
**WATERWAYS AT DELRAY CONDOMINIUM NO. 1
ASSOCIATION, INC.**



Principal Place of Business
C/O CANS C.A.M.S.
314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

Mailing Address
C/O CANS C.A.M.S.
314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

2. Principal Place of Business
322 NE 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
322 NE 3rd Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach FL
Zip
33435
Country
USA

City & State
Boynton Beach FL
Zip
33435
Country
USA

4. FEI Number
65-0348671

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEITZNER, WILLIAM
16209 S TRANQUILITY LAKE DRIVE
APT 201
DELRAY BEACH, FL 33446**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW - FEES \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNUN, CINDY 16209 S TRANQUILITY DR #202 DELRAY BEACH, FL 33446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZNER, WILLIAM 16209 S TRANQUILITY LAKE DR, APT 201 DELRAY BEACH, FL 33446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRARO, FRANK 16209 S TRANQUILITY LAKE DR, APT 203 DELRAY BEACH, FL 33446	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

WILLIAM WEITZNER
William Weitzner

4/25/03 561-637-3103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/02)