07-07-2003 90145 018 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(AMENDED)

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

DOCUMENT # 770585

1. Entity Name

THE WATERWAYS COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21125 Yacht Club Drive	21125 Yacht Club Drive
Suite, Apt. #, etc. ATTN: Jonathan Louis, Manager	Suite, Apt. #, etc. ATTN: Jonathan Louis, Manager
City & State Aventura, Florida	City & State Aventura, Florida
Zip: 33180 Country: USA	Zip: 33180 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 592446177 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dennis J. Eisigner, Esquire

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Boulevard, Suite 265-S

City: Hollywood FL Zip Code: 33021

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: _____ DENNIS J. EISINGER June 5, 2003

Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature is required when reinstated.) DATE

FEE IS $61.25 Initial or Amended UBR

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	Albert C. Piazza, President 5555 Anglers Avenue, Suite 1A Fort Lauderdale, Florida 33312	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Neal, Vice President 5555 Anglers Avenue, Suite 1A Fort Lauderdale, Florida 33312	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kim Alonso, Secretary-Treasurer 5555 Anglers Avenue, Suite 1A Fort Lauderdale, Florida 33312	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Albert Piazza President 6/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #