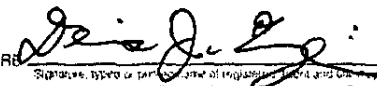
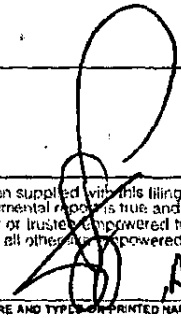


(AMENDED)
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-07-2003 90145 018 ****61.25
FILED 770585

03 JUL -9 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770585			
1. Entity Name THE WATERWAYS COMMUNITY ASSOCIATION, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21125 Yacht Club Drive Suite, Apt. #, etc. ATTN: Jonathan Louis, Manager City & State Aventura, Florida Zip 33180 Country USA		3. Mailing Address 21125 Yacht Club Drive Suite, Apt. #, etc. ATTN: Jonathan Louis, Manager City & State Aventura, Florida Zip 33180 Country USA	
		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. Eisinger, 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  Signature, typed or printed name of registered agent and date.		DENNIS J. EISINGER (NOTE: Registered Agent Signature is required when filing.) June 5, 2003 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 officers, directors, and persons empowered.			
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Albert Piazza President 6/7/03 Date Signature Printed Name	

CR2E037B (12/02)