

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770585

**Entity Name:** THE WATERWAYS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 08, 2016**  
**Secretary of State**  
**CC7700147305**

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

**FEI Number: 59-2446177**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE RD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HATFIELD, PHILIP  
Address 11784 W SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title T  
Name HENIGMAN, JAMES  
Address 11784 W. SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name LANIER, ROBERT  
Address 11784 W. SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name ALTMAN, STUART  
Address 11784 W. SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name EDELSTEIN, CHARLIE  
Address 11784 W. SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name CAMPBELL, MARIBEL  
Address 11784 W. SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

Title S  
Name LOWEN, JERRY  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name ALBIN, ERIC  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PHILIP HATFIELD**

**P**

**04/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name OLMSKY, CLAUDIA  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name ROCKWERT, SANDY  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name STOFMAN, JEANNIE  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065