#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770585** 

Entity Name: THE WATERWAYS COMMUNITY ASSOCIATION, INC.

FILED
May 06, 2020
Secretary of State
1368428565CC

# **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 ROAD 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: RENEE CAMPBELL 05/06/2020

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

City-State-Zip:

Title D Title PRESIDENT

Name DISH, AVI Name KNOLLMAIER, PAUL

Address 11784 WEST SAMPLE ROAD Address 11784 WEST SAMPLE ROAD

SUITE 103 SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR Title TREASURER

Name ROCKWERK, SANDY Name HENIGMAN, JAMES

Address 11784 WEST SAMPLE ROAD Address 11784 WEST SAMPLE ROAD

SUITE 103 SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR Title DIRECTOR

Name MONTIEL, CARLOS Name SHEEHAN, TANNER

Address 11784 WEST SAMPLE ROAD Address 11784 WEST SAMPLE ROAD

SUITE 103 SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR Title DIRECTOR

Name HOFFMAN, MARSHA Name SMITH, STEVEN

Address 11784 WEST SAMPLE ROAD Address 11784 WEST SAMPLE ROAD

SUITE 103 SUITE 103

CORAL SPRINGS FL 33065 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: KNOLLMAIER, PAUL PRESIDENT 05/06/2020

## Officer/Director Detail Continued:

Title DIRECTOR Title **SECRETARY** 

Name O'MEARA, GABE Name SPONSLER, MICHAEL

11784 WEST SAMPLE ROAD Address 11784 WEST SAMPLE ROAD Address SUITE 103

SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

VΡ Title Title DIRECTOR

STOFMAN, JEANNIE Name BAUMAN, SANDRA Name

11784 WEST SAMPLE ROAD Address Address 11784 WEST SAMPLE ROAD

SUITE 103 SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065