2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770585

Entity Name: THE WATERWAYS COMMUNITY ASSOCIATION, INC.

FILED Apr 16, 2019 Secretary of State 0977943198CC

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 04/16/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title D

Name BYRON, SAM Name DISH, AVI

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 PRESIDENT Title DIRECTOR

Name KNOLLMAIER, PAUL Name ROCKWERK, SANDY

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 TREASURER Title DIRECTOR

Name HENIGMAN, JAMES Name MONTIEL, CARLOS

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
 SHEEHAN, TANNER
 Name
 SMITH, SUSIE

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

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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 04/16/2019

Officer/Director Detail Continued:

Title DIRECTOR

Name LEVINE, DAVID

Address 11784 WEST SAMPLE ROAD

SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR

Name SMITH, STEVEN
Address 11784 WEST SAMPLE ROAD

SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY

Name SPONSLER, MICHAEL

Address 11784 WEST SAMPLE ROAD

SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR

Name HOFFMAN, MARSHA

Address 11784 WEST SAMPLE ROAD

SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR

Name O'MEARA, GABE

Address 11784 WEST SAMPLE ROAD

SUITE 103

City-State-Zip: CORAL SPRINGS FL 33065