Entity Name: THE WATERWAYS COMMUNITY ASSOCIATION, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

11784 WEST SAMPLE ROAD SUITE 103 CORAL SPRINGS, FL 33065

DOCUMENT# 770585

Current Mailing Address:

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

FEI Number: 59-2446177

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/Dire	ctor Detail :			
Title	VP	Title	D	
Name	BYRON, SAM	Name	DISH, AVI	
Address	11784 WEST SAMPLE ROAD SUITE 103	Address	11784 WEST SAMPLE ROAD 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 SUITE 103	Address	11784 WEST SAMPLE ROAD 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 SUITE 103	Address	11784 WEST SAMPLE ROAD 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 SUITE 103	Address	11784 WEST SAMPLE ROAD SUITE 103	
City-State-Zip:	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	04/16/2019
Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 16, 2019 Secretary of State 0977943198CC

Certificate of Status Desired: No

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
Title Name	DIRECTOR O'MEARA, GABE
	2
Name	O'MEARA, GABE 11784 WEST SAMPLE ROAD