

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# 770585

Apr 09, 2024

Entity Name: THE WATERWAYS COMMUNITY ASSOCIATION, INC.

**Secretary of State
274502252CC**

Current Principal Place of Business:

C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE 103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-2446177

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, SIEGFRIED
201 ALHAMBRA CIR 11TH FLOOR
CORAL GABLES, FL 33134 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: SIEGFRIED RIVERA

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DISH, AVI
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name MERKIN, RONNI
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name SURKIN, EDDIE
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name ROCKWERK, SANDY
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name SMITH, STEVEN
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name HARRELD, JAY
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title PRESIDENT
Name KNOLLMAIER, PAUL
Address C/O REALMANAGE
11784 WEST SAMPLE ROAD SUITE
103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name BAUMAN, SANDRA
Address C/O REALMANAGE
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: PAUL KNOLLMAIER

PRESIDENT

04/09/2024

Officer/Director Detail Continued :

Title TREASURER
Name HOFFMAN, MARSHA
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name PALDINO, DIANE
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name WEISZ, MARTINE
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name MONTIEL, CARLOS
Address C/O REALMANAGE
 11784 WEST SAMPLE ROAD SUITE
 103
City-State-Zip: CORAL SPRINGS FL 33065