

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770585

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