

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01768

**Entity Name:** WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC2253436007**

**Current Principal Place of Business:**

C/O AMERICAN PROPERTY MANAGEMENT GROUP, I  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741

**Current Mailing Address:**

C/O AMERICAN PROPERTY MANAGEMENT GROUP, I  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741 US

**FEI Number: 59-3106521**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCULLOH, NEIL  
1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MARTINEZ, IRENE  
Address 157 POMPEI DR  
City-State-Zip: KISSIMMEE FL 34758

Title P  
Name SCOTT, EULA  
Address 2509 CECILE ST  
City-State-Zip: KISSIMME FL 34741

Title D  
Name ROBLES, RAFAEL MR  
Address 4121 CORSAIE AVE  
City-State-Zip: KISSIMMEE FL 34741

Title D  
Name NUNUEZ, CARMEN I  
Address 4162 SPITFIRE AVE  
City-State-Zip: KISSIMMEE FL 34741

Title D  
Name RICHARDS, JUDITH  
Address 2337 LOUISE ST  
City-State-Zip: KISSIMMEE FL 34741

*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: EULA SCOTT**

**P**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date