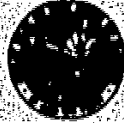


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720188 (2)

1. Corporation Name

WATERWAY MANOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1882 SANDBAR DRIVE (329533020)
P.O. BOX 340431
MERRITT ISLAND FL 32954-7431

1882 SANDBAR DRIVE (329533020)
P.O. BOX 340431
MERRITT ISLAND FL 32954-7431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1971

3a. Date of Last Report

04/28/1994

4. FBI Number

51-0173833

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASIN, E.B.
1882 SANDBAR DR.
MERRITT ISLAND FL 32953-0020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GAY, JOHNNY
STREET ADDRESS 85 FLORIDA BLVD
CITY-ST-ZIP MERRITT ISLAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME CIRCIKSKI, ED
STREET ADDRESS 50 FLORIDA BLVD
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME MASTIN, E.B.
STREET ADDRESS 1882 SANDBAR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS
NAME NEWIEDZIAL, NANCY
STREET ADDRESS 1785 SANDBAR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME JEFF KAEPCHER
4.3 STREET ADDRESS 55 FLORIDA BLVD
4.4 CITY-ST-ZIP MERRITT ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *E.B. MASTIN* E.B. MASTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APR 1995 453-0358