

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720188

(2)

1. Corporation Name

WATERWAY MANOR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1882 SANDBAR DRIVE (329533020)  
P.O. BOX 540431  
MERRITT ISLAND FL 32954-7431

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P.O. BOX 540431  
MERRITT ISLAND FL 32954-7431

3. Date Incorporated or Qualified  
02/03/1971

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
51-0173833

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE  
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~~ ☒ DELETE  
NAME ~~CIRCIORSKI, ED~~  
STREET ADDRESS ~~60 FLORIDA BLVD~~  
CITY - ST - ZIP ~~MERRITT ISLAND FL~~

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DV  
2.3 STREET ADDRESS JOHNSON, TERRY  
2.4 CITY - ST - ZIP 25 FLORIDA BLVD  
MERRITT ISLAND FL 32953

TITLE DT ☐ DELETE  
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 ☐ DELETE  
NAME KAERCHER, JEFF  
STREET ADDRESS 55 FLORIDA BLVD.  
CITY - ST - ZIP MERRITT ISLAND FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
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 119.07(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, TREA.

25 APR 96

407463 0358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)