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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32954-74311882 SANDBAR DRIVE (329533020)
P.O. BOX 540431
MERRITT ISLAND FL 32954-04313. Date Incorporated or Qualified
02/03/19713a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

51-0173833

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
NAME GAY, JOHNNY
STREET ADDRESS 85 FLORIDA BLVD
CITY-ST-ZIP MERRITT ISLAND FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DV
NAME JOHNSON, TERRY
STREET ADDRESS 25 FLORIDA BLVD.
CITY-ST-ZIP MERRITT ISLAND FL
☒ DELETE2.1 TITLE DV
2.2 NAME LAMP, GARRETT
2.3 STREET ADDRESS 60 FLORIDA BLVD.
2.4 CITY-ST-ZIP MERRITT ISLAND FL
☐ Change ☒ AdditionTITLE DT
NAME MASTIN, E.B.
STREET ADDRESS 1882 SANDBAR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DS
NAME KAERCHER, JEFF
STREET ADDRESS 55 FLORIDA BLVD.
CITY-ST-ZIP MERRITT ISLAND FL
☒ DELETE4.1 TITLE DS
4.2 NAME BUBACK, LINDA
4.3 STREET ADDRESS 390 INLET AVE.
4.4 CITY-ST-ZIP MERRITT ISLAND FL
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. B. MASTIN

407-453-0358

Date

Daytime Phone # 0020177

CR2E037 (9/96)