

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720188

1. Entity Name

WATERWAY MANOR ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0173833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME WHEELER, RAND
STREET ADDRESS 1735 CANAL COURT
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DP ☐ Delete
NAME RAWSON, BRUCE
STREET ADDRESS 65 FLORIDA BLVD
CITY-ST-ZIP MERRITT ISLAND FL 32953

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

TITLE DS ☐ Delete
NAME BUBACK, LINDA
STREET ADDRESS 390 INLET AVE
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D ☐ Delete
NAME RETTIG, DAVID
STREET ADDRESS 1730 CANAL COURT
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☐ Delete
NAME SIMONSON, RANDY
STREET ADDRESS 1835 SANDBAR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME RETTIG, ED
STREET ADDRESS CANAL
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS SANDBAR
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E.B. MASTIN
REGISTERED

8/2/01

371-453-0358

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90008 047 ****61.25

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DO NOT WRITE IN THIS SPACE

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CP2E037 (10/00)