


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90075 025 \*\*\*\*61.25

<b>DOCUMENT # 720188</b> 1. Entity Name <b>WATERWAY MANOR ASSOCIATION, INC.</b>					
Principal Place of Business <b>1882 SANDBAR DRIVE (329533020)</b> <b>P.O. BOX 540431</b> <b>MERRITT ISLAND, FL 32954-7431</b>			Mailing Address <b>1882 SANDBAR DRIVE (329533020)</b> <b>P.O. BOX 540431</b> <b>MERRITT ISLAND, FL 32954-7431</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0173833</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MASIN, E.B. (MASTIN)</b> <b>1882 SANDBAR DR.</b> <b>MERRITT ISLAND, FL 32953-0020</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WHEELER, RAND</b>		NAME	<b>D/V</b>	
STREET ADDRESS	<b>1735 CANAL COURT</b>		STREET ADDRESS	<b>MANZ, GEORGE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>		CITY-ST-ZIP	<b>1720 BASIN ST</b>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAWSON, BRUCE</b>		NAME		
STREET ADDRESS	<b>65 FLORIDA BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASTIN, E.B.</b>		NAME		
STREET ADDRESS	<b>1882 SANDBAR DRIVE</b>		STREET ADDRESS	<b>32953</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL</b>		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WATERHOUSE, NANCY</b>		NAME		
STREET ADDRESS	<b>230 FLORIDA BLVD</b>		STREET ADDRESS	<b>32953</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RETTIG, ED</b>		NAME		
STREET ADDRESS	<b>1730 CANAL COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THULKE, INGRID</b>		NAME		
STREET ADDRESS	<b>245 INLET AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>		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.					
<b>SIGNATURE:</b> <i>E.B. MASTIN</i> <b>E.B. MASTIN</b>			<b>TREAS.</b> <i>1/23/04</i> <b>321 453-0358</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		