

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

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**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MANZ, GEORGE
STREET ADDRESS	1720 BASIN ST
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	DP
NAME	RAWSON, BRUCE
STREET ADDRESS	65 FLORIDA BLVD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	DT
NAME	MASTIN, E.B.
STREET ADDRESS	1882 SANDBAR DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	DS
NAME	WATERHOUSE, NANCY
STREET ADDRESS	230 FLORIDA BLVD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	RETTIG, ED
STREET ADDRESS	1730 CANAL COURT
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	THULKE, INGRID
STREET ADDRESS	245 INLET AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

U000000532655
05/06/06-80094-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, DT.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 *371-452-0358*

Date

Daytime Phone #