

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 25 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06192007 Chg-NP CR2E037 (12/06)

DOCUMENT # 724175 1. Entity Name WATERWAY EAST, INC					
Principal Place of Business 325 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169			Mailing Address 325 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1428559 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LUSTIG, LILLIAN 325 N CAUSEWAY D204 NEW SMYRNA BEACH, FL 32169	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Lillian M. Lustig, Registered Agent</u> DATE <u>6/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOBROCK, DAVID 325 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOBROCK, DAVID 325 N. CAUSEWAY UNIT D-305 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, LUCIA H 325 N CAUSEWAY D-302 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, RICHARD 4430 KATY DRIVE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPANAGEL, PATRICIA 325 N. CAUSEWAY UNIT C-302 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 100105316131 07/03/07--01023--012 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMP, JOHN 325 N. CAUSEWAY UNIT B-205 NEW SMYRNA BCH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CAMP, JOHN 325 N. CAUSEWAY UNIT B-205 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANAGEL, DICK 325 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANAGEL, DICK 325 N. CAUSEWAY UNIT C-302 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUSTIG, LILLIAN 3250 N CAUSEWAY UNIT D 204 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LUSTIG, LILLIAN 325 N. CAUSEWAY UNIT D-204 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lillian M. Lustig, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/20/07</u> Daytime Phone # <u>(386) 427-0252</u>		

XC 6/21