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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90067 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725796

1. Corporation Name

WATERWAY CLUB NO. 1 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

888 N FEDERAL HWY
 LANTANA FL 33462

888 N FEDERAL HWY
 LANTANA FL 33462



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/12/1973
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7403643
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent

CORSARO, BETTY J
200 WATERWAY DR
LANTANA FL 33462

81 Name

LOUIS E. LASCH, JR.

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

200 WATERWAY DR APT. #104

83

84 City

LANTANA, FL

85 Zip Code

33462

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]

LOUIS E. LASCH, JR., PRESIDENT

1-14-99

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORSARO, BETTY	1.2 NAME	LASCH, JR, LOUIS E.
STREET ADDRESS	200 WATERWAY DR	1.3 STREET ADDRESS	200 WATERWAY DR S. #104
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTTARI, TUOMO	2.2 NAME	CORSARO, BETTY
STREET ADDRESS	200 WATERWAY DR SO	2.3 STREET ADDRESS	200 WATERWAY DR. S. #105
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, CAROL	3.2 NAME	JACOBS, CAROL
STREET ADDRESS	200 WATERWAY DR S	3.3 STREET ADDRESS	200 WATERWAY DR S. #307
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASUMAKI, SYLVIA M	4.2 NAME	VASUMAKI, SYLVIA M.
STREET ADDRESS	200 WATERWAY DR S	4.3 STREET ADDRESS	200 WATERWAY DR. S. #301
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RAMSEY, DOROTHY
STREET ADDRESS		5.3 STREET ADDRESS	200 WATERWAY DR. S. #106
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED LASCH, JR.**

1-14-99

1-561-582-6408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)