2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725796 May 16, 2000 8:00 am Secretary of State WATERWAY CLUB NO. 1 ASSOCIATION, INC. 05-16-2000 90099 046 ****61.25 Principal Place of Business Mailing Address 888 N FEDERAL HWY 888 N FEDERAL HWY LANTANA FL 33462-1870 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-7403643 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LASCH, LOUIS E JR 200 WATERWAY DR LANTANA FL 33462 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change VD. ☐ Delete TITLE TITLE NAME CORSARO, BETTY NAME STREET ADDRESS 200 WATERWAY DR S #105 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 ☐ Change Addition ☐ Delete TITLE TITLE PD NAME NAME Lasch. Louis e Jr STREET ADDRESS STREET ADDRESS 200 WATERWAY DR S #104 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Change ☐ Addition TITLE SD □ Delete TITLE JACOBS, CAROL NAME STREET ADDRESS STREET ADDRESS 200_WATERWAY_DR.S_#307_____ CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Addition Change TITLE TD ☐ Delete TITLE VASUMAKI, SYLVIA M NAME NAME STREET ADDRESS STREET ADDRESS 200 WATERWAY DR S #301 CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 ☐ Addition Delete Change TITLE RAMSEY, DOROTHY NAME STREET ADDRESS STREET ADDRESS 200 WATERWAY DR S #106 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

28-00 561-5826408