

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726946** (7)

1. Corporation Name

WATERWAY WEST, INC.



Principal Place of Business

**315 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169**

Mailing Address

**315 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified
07/13/1973

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1578126

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERNEST BUZBY
315 N. CAUSEWAY A-202
NEW SMYRNA BEACH FL 32169**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUZBY, ERNEST	
STREET ADDRESS	315 N CAUSEWAY A-202	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	YOUNG, JOHN	
STREET ADDRESS	315 N CAUSEWAY E 102	
CITY-ST-ZIP	MEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BIGELOW, MARJORIE	
STREET ADDRESS	315 N. CAUSEWAY D-303	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	GAUZA, JEAN	
STREET ADDRESS	315 NO CAUSEWAY, D202	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAVAGE, ESTHER	
STREET ADDRESS	315 N. CAUSEWAY #C-302	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BABCOCK, PATRICIA	
STREET ADDRESS	315 N. CAUSEWAY #C-201	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moss, Ralph F.	
1.3 STREET ADDRESS	315 N. Causeway E301	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAT WANNER	
4.3 STREET ADDRESS	315 N. CAUSEWAY, D-403	
4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Ralph F. Moss V.P.

2/20/96

428-3021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)