

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90009 024 \*\*\*\*61.25

**DOCUMENT # 726946**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1578126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
-Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLEAN, WALTER  
315 N. CAUSEWAY D-301  
NEW SMYRNA BEACH FL 32169**

Name

**DAVID W. MARLER**

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

**315 N CAUSEWAY C 402**

City

**New Smyrna Beach**

FL

Zip Code

**32169**

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

*David W. Marler*

**7/26/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCLEAN, WALTER	
STREET ADDRESS	315 N. CAUSWAY C-301	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HUSKEY, RALPH	
STREET ADDRESS	315 N. CAUSWAY B 404	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STRAUB, GWEN	
STREET ADDRESS	315 N. CAUSEWAY B-406	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, GEORGE	
STREET ADDRESS	315 N CAUSEWAY E101	
CITY-ST-ZIP	N S BEACH FL 32169	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	WANNER, PAT	
STREET ADDRESS	315 N. CAUSEWAY D-403	
CITY-ST-ZIP	NEW SMYRNA FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARLEA, DAVID	
STREET ADDRESS	315 N. CAUSWAY C 402	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID W MARLER	
STREET ADDRESS	315 N CAUSEWAY C 402	
CITY-ST-ZIP	New Smyrna Bch FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT PLUSCHAU	
STREET ADDRESS	315 N CAUSEWAY D 302	
CITY-ST-ZIP	New Smyrna Bch, FL 32169	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL STARK	
STREET ADDRESS	315 N CAUSEWAY A 301	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA PHILLIPS C 403	
STREET ADDRESS	315 N CAUSEWAY C 403	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES COLE	
STREET ADDRESS	315 N CAUSEWAY A 302	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES WOLFORD	
STREET ADDRESS	315 N CAUSEWAY B 402	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	

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:

*David W. Marler* **DAVID W MARLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/26/04**

Date

**386 427 4953**

Daytime Phone #