

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90020 036 \*\*\*\*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**

40019100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1578126**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SIMPSON, STEVE  
315 N CAUSEWAY #C403  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE VPD ☒ Delete  
NAME BARGER, GEORGE  
STREET ADDRESS 315 N. CAUSEWAY #D303  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VP ☐ Delete  
NAME PLUSCHAU, HERBERT  
STREET ADDRESS 315 N CAUSEWAY D302  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE P ☐ Delete  
NAME SIMPSON, STEVE  
STREET ADDRESS 315 N. CAUSEWAY C403  
CITY-ST-ZIP NEW SMYRNA BCH, FL 32169

TITLE VPD ☒ Delete  
NAME FRATANTUONO, CYNTHIA  
STREET ADDRESS 315 N. CAUSEWAY #E203  
CITY-ST-ZIP N S BEACH, FL 32169

TITLE D ☒ Delete  
NAME LOWE, JOHN  
STREET ADDRESS 315 N. CAUSEWAY E203  
CITY-ST-ZIP NEW SMYRNA, FL 32169

TITLE D ☐ Delete  
NAME MAY, JIM  
STREET ADDRESS 315 N. CAUSEWAY C203  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition  
NAME DARRELL NAUCE  
STREET ADDRESS 315 N. Causeway E 101  
CITY-ST-ZIP New Smyrna Beach FL 32169

TITLE Director ☐ Change ☒ Addition  
NAME CHERYL STARK  
STREET ADDRESS 315 N. Causeway A 301  
CITY-ST-ZIP New Smyrna Beach FL 32169

TITLE VP ☐ Change ☒ Addition  
NAME DAVID MARLER  
STREET ADDRESS 315 N. Causeway C 402  
CITY-ST-ZIP New Smyrna Beach FL 32169

TITLE Director ☐ Change ☒ Addition  
NAME JOE KEIRAN  
STREET ADDRESS 315 N. Causeway D 401  
CITY-ST-ZIP New Smyrna Beach FL 32169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #