


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 017 ****61.25

| | | | |
|---|--|--|---|
| DOCUMENT # 727086 | |  | |
| 1. Entity Name WATERWAY ISLES CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 3860 NE 170TH ST #307 N MIAMI BCH, FL 33160 US | | Mailing Address C/O ASSOCIATION MGMT GROUP PO BOX 630280 MIAMI, FL 33163-0280 US | |
| 2. Principal Place of Business | | 3. Mailing Address <i>P.O. Box 630280</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State <i>MIAMI, FL</i> | |
| Zip | Country | Zip | Country |
| | | <i>33163-0280</i> | <i>USA</i> |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GOMEZ, MICHAL ESQ LAW OFFICE OF MICHAEL GOMEZ, PA 1930 TYLER STREET HOLLYWOOD, FL 33020 | | 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 <i>[Signature]</i> | | DATE <i>7-30-05</i> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | D HATTAN, NINA 3860 NE 170TH STREET #301 NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RICCI, INGRID 3860 NE 170 STREET N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP RICCI, DONATO 3860 NW 170 STREET N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VELAZQUEZ, NENESIO 3860 NE 170 STREET N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCCALL, CHRIS 3860 NE 170TH STREET N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> | | Date <i>4/27/05</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

50059684



04222005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1881818 Applied For Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: *[Signature]* Date *4/27/05*

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