


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 032 ****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
 PO BOX 30280
 MIAMI, FL 33163 US

40094119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **#401**

City & State

Zip Country

03232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1881818

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

6. Name and Address of Current Registered Agent

GOMEZ, MICHAEL ESQ
LAW OFFICE OF MICHAEL GOMEZ, PA
1930 TYLER STREET
HOLLYWOOD, FL 33020

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	DS	<input type="checkbox"/> Delete
NAME	RICCI, INGRID	
STREET ADDRESS	3860 NE 170 STREET #402	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RICCI, DONATO	
STREET ADDRESS	3860 NW 170 STREET #402	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, NENESIO	
STREET ADDRESS	3860 NE 170 STREET #411	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCALL, CHRIS	
STREET ADDRESS	3860 NE 170TH STREET #401	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris McCall, President WIF 5/15/06 305 299-7126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #