

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727086

FILED
Aug 04, 2009
Secretary of State

Entity Name: WATERWAY ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3860 NE 170TH ST
N MIAMI BCH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 30280
MIAMI, FL 33163 US

New Mailing Address:

PO BOX 630280
MIAMI, FL 33163 US

FEI Number: 59-1881818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: RICCI, INGRID
Address: 3860 NW 170 ST. #402
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: DVP () Delete
Name: RICCI, DONATO
Address: 3860 NE 170 ST. #411
City-St-Zip: N MIAMI BCH, FL 33160

Title: D () Delete
Name: DOPPELT, TED
Address: 3860 NE 170 ST #301
City-St-Zip: N MIAMI BCH, FL 33160

Title: DP () Delete
Name: MCCALL, CHRIS
Address: 3860 NE 170 ST. #401
City-St-Zip: N MIAMI BCH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: VALDES, JOSE
Address: 5544 TURTLE CROSSING LOOP
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COMIN, DALITA
Address: 3860 NE 170 ST # 302
City-St-Zip: NO. MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS MCCALL

_____ Electronic Signature of Signing Officer or Director

DP

08/04/2009

_____ Date