2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90151 041 \*\*\*\*61.25

1. Entity Nat	IMENT # 728491 n waterway condomini	UM ASSOCIATION,				03-31-2003	3 90131 041 ****	"61.23	
Principal Pla			90065710						
Principal Place of Business Mailing Address 701 S. ROYAL POINCIANA BLVD. 701 S. ROYAL POINCIAN MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33					2000110				
2. Principal i	Place of Business	3. Mailing Address P.O.BOX 660494							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			X) CHECK HERE IF MAKING CHANGES				
City & State		Oly & State  MIAMI SPRINGS. FL.			4. FEI Number	25282	<del></del>	pplied For of Applicable	]
Zip ·	Country	<sup>Zip</sup> 33266	Country USA		5. Certificate of S		□ \$8.75 Ad Fee Require	ditional ed	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent			7. Name and Add	iress of New Re	gistered Agent		]
MARSHALI A.I. DUPON SUITE 1523	Street A	MIRIAM C. MARRERO-TREASURER  Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33131			City		WESTWARD		FL Zin Coo	le .	1
SIGNATURE  10.  TITLE	Signature, typed or printed name of registered agency.  FILE: NOW:: FEE(IS: S61:25:  OFFICERS AND DIF	9. Election Camp Trust Fund Co	Registered Agents ignal Dalign Filnanding	lura required	\$5.00 May Be Added to Fees	Mak Floridi	e Check Payable a Department of S	State	(02)
NAME STREET ADDRESS CITY-5T-ZIP	DE FERRARI, RONALD 3391 W. PLACE HIALEAH, FL 33018		NAME STREET ADDRESS CITY-ST-2IP	}					CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUZUFRI, GEORGE P.O. BOX 22-1783 HOLLYWOOD, FL 33020	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł	MIRIAM C 550 S.E. HIALEAH,	1st SI	REET	Addition	CR2
TITLE NAME STREET ADDRESS	SD SHERRY, ALEX 1175 THRUSH AVE	X Delete	TITLE NAME . STREET ADDRESS	₹	LEE CULV		☐ Change	Addition	
CITY-ST-ZP	MIAMI SPRINGS, FL 33166		CATY-ST-ZIP		MIAMI SE	RINGS,	FL. 33166		İ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	10 LE NAME STREET ADDRESS COTY-ST-ZIP				☐ Change	Addition	
TITLE Name Street address City-St-Zip	ť ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE Name Street address City-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	Addition	
	·								i

12. I hereby certify that the information supplied with this filling 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 reserver 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:

MIRIAM C. MARRERO-TREASURER 3/28/0.3 proper strong officer or director of the corporation or the reserver 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.

305-887-9000