

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 015 ****61.25

DOCUMENT # 741351

1. Entity Name

THE WATERWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

304-308 GOLFVIEW RD
NORTH PALM BEACH FL 33408
US

304 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1532683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

STEPHENS, ROBERTA
304 GOLFVIEW RD, PH-8
N PLM BCH FL 33408

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	D	<input checked="" type="checkbox"/> Delete
NAME	BOERUM, FRED	
STREET ADDRESS	304 GOLFVIEW RD, # 205	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STEPHENS, ROBERTA	
STREET ADDRESS	304 GOLFVIEW RD, PH-8	
CITY - ST - ZIP	N. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BITTER, PATRICIA	
STREET ADDRESS	304 GOLFVIEW ROAD #103	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASOLA, FRANK	
STREET ADDRESS	304 GOLFVIEW RD, PH-5	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSICH, WILLIAM	
STREET ADDRESS	304 GOLFVIEW ROAD PH2	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DANIEL	
STREET ADDRESS	304 GOLFVIEW RD # 301	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS WAGNER	
STREET ADDRESS	304 GOLFVIEW RD #101	
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	(DIRECTOR) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA BITTER	
STREET ADDRESS	304 GOLFVIEW RD #103	
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE HOLDEN	
STREET ADDRESS	308 GOLFVIEW RD #203	
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
TITLE	DOMINICK FULVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	308	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINICK FULVID	
STREET ADDRESS	308 GOLFVIEW RD #202	
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roberta Stephens ROBERTA STEPHENS 3/21/07 (561) 775-4992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #