

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90040 022 \*\*\*\*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

1st MOORE CR2E037 (10/07)

4. FEI Number **59-1532683** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	VD	<input type="checkbox"/> Delete
NAME	WAGNER, DENNIS	
STREET ADDRESS	304 GOLFVIEW RD #101	
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	D	<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	FULVIO, DOMINICK	
STREET ADDRESS	308 GOLFVIEW RD #202	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS BATTAGLINO	
STREET ADDRESS	308 GOLFVIEW RD # 406	
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		<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 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** 03/18/08 (561) 775-4992