2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746290

FILED Jul 15, 2006 Secretary of State

Entity Name: WATERWAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1103 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 **Current Mailing Address: New Mailing Address:** PO BOX 509 WINTER HAVEN, FL 33882 FEI Number: 59-2068999 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: Name and Address of New Registered Agent: HART, FRANCIS K JR PO BÓX 509 WINTER HAVEN, FL 33882 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CANNON, JERRY Name: Name: Address: 1103 CYPRESS GARDENS BLVD #37 Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: () Delete Title: T/S (X) Change () Addition BROCK, DENNIS Name: Name: BROCK, DENNIS Address: 6039 CYPRESS GARDENS BLVD #232 Address: 6039 CYPRESS GARDENS BLVD #232 City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884 Title: () Delete Title: () Change () Addition HART, FRANCIS Name: Name: 405 S LAKE STARR BVLVD Address: Address: City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: Title: () Delete Title: () Change () Addition CHRISTIAN, CLAIRE Name: Name: PO BOX 9001 Address: Address: City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOAN, GIVENS JAMES, ASTON Name: Name: 1103 CYPRESS GARDENS BLVD # 14 134 CROSS ROAD Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: GILBERTSVILLE, PA 19525

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS BROCK T/S 07/15/2006