

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 746290

1. Entity Name
WATERWAY VILLAGE ASSOCIATION, INC.



Principal Place of Business
**1103 CYPRESS GARDENS ROAD
WINTER HAVEN, FL 33884**

Mailing Address
**PO BOX 509
WINTER HAVEN, FL 33882**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2068999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROCK, DENNIS D
6039 CYPRESS GARDENS BLVD
232
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 **DENNIS D. BROCK Sec/Treasurer** **1-18-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CANNON, JERRY
STREET ADDRESS	1103 CYPRESS GARDENS BLVD #37
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	T/S
NAME	BROCK, DENNIS
STREET ADDRESS	6039 CYPRESS GARDENS BLVD #232
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	P
NAME	HART, FRANCIS
STREET ADDRESS	405 S LAKE STARR BVLVD
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	D
NAME	CHRISTIAN, CLAIRE
STREET ADDRESS	PO BOX 9001
CITY-ST-ZIP	WINTER HAVEN, FL 33883
TITLE	D
NAME	JAMES, ASTON
STREET ADDRESS	134 CROSS ROAD
CITY-ST-ZIP	GILBERTSVILLE, PA 19525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80011-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08 **DENNIS D. BROCK**
Date Daytime Phone #

Sec/Treas

613-334-2100