

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 753867

1. Entity Name
WATERWAY TERRACE CONDOMINIUM ASSOCIATION, INC.



FILED
05 OCT 14 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 300 GOLF VIEW DR #503 NORTH PALM BCH, FL 33408-3543 US	Mailing Address 300 GOLF VIEW DR #503 NORTH PALM BCH, FL 33408-3543 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10122005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2105717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LURIE, SUZANNE
300 GOLFVIEW ROAD #307
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name SNEILA McCullum
Street Address (P.O. Box Number is Not Acceptable) 300 GOLFVIEW RD #505
City No. Palm Beach FL Zip Code 33408

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] DATE 10-11-05

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

<p>FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50</p>	<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	<p>Make check payable to Florida Department of State</p>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAWLEY, RONALD 300 GOLFVIEW RD. #302 NPB, FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CEWONDER, CAROL 300 GOLFVIEW RD 105 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VANDERSLUIS, HELEN 300 GOLFVIEW RD. #407 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LURIE, SUSAN 300 GOLFVIEW RD. #207 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIANE AGUILAR 300 GOLFVIEW RD #405 NO PALM BEACH FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRY THANNER 300 GOLFVIEW RD #101 NO PALM BEACH FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060629951 10/14/05--01062--005 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP SNEILA McCullum 300 GOLFVIEW RD #505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>02/10/10</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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]

10-10-05