


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91180 049 ****61.25

DOCUMENT # **753867**

1. Entity Name
WATERWAY TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

300 GOLF VIEW DR #503 **300 GOLF VIEW DR #503**
NORTH PALM BCH FL 33408-3543 **NORTH PALM BCH FL 33408-3543**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2105717** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WALSKI, BONNIE
300 GOLFVIEW ROAD #503
NORTH PALM BEACH 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

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	DP	<input type="checkbox"/> Delete
NAME	DAWLEY, RONALD	
STREET ADDRESS	300 GOLFVIEW DR #302	
CITY-ST-ZIP	NPB FL 33408	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WALSKI, BONNIE	
STREET ADDRESS	300 GOLFVIEW DR #503	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AGUILAR, DIANE	
STREET ADDRESS	300 GOLFVIEW DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	GOLFVIEW ROAD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	GOLFVIEW ROAD	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLFVIEW ROAD	
STREET ADDRESS	#405	
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN VANDERSLUIJ	
STREET ADDRESS	300 GOLFVIEW RD # 407	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN LURIE	
STREET ADDRESS	300 GOLFVIEW RD # 207	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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 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:  **3/19/03**

CR2E037 (10/02)