

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90199 020 \*\*\*\*61.25

<b>DOCUMENT # 755827</b> 1. Entity Name <b>THE WATERWAY CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>9604 CORTEZ RD W BRADENTON, FL 34210</b>			Mailing Address <b>%DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4301 32nd ST W</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>A-20</b>			
City & State		City & State <b>BRADENTON, FL</b>			
Zip	Country	Zip <b>34205</b>	Country <b>USA</b>	4. FEI Number <b>59-2146089</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>C&amp;S CONDOMINIUM MGMT SVC, INC 4301 32ND ST WEST SUITE A-20 BRADENTON, FL 34205</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
<b>FL</b>			<b>FL</b>		
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 <u><i>Sherie Brown</i></u> <u><i>Sherie Brown</i></u> <u><i>4/20/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD TOMASCAK, PETER 9604 CORTEZ RD WEST #334 BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRD CHALLBURG, WILLIAM 9604 CORTEZ RD WEST #237 BRADENTON, FL 34210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, JOHN 9604 CORTEZ RD W #315 BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, SUSAN 9604 CARTER RD. W #225 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR FORMAN, JACQUELINE 3740 PINEBROOKE CIR #308 BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES. D KOFF, JERRY 9604 CORTEZ RD #431 BRADENTON, FL 34210	<input type="checkbox"/> Delete <b>ADD</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JERRY KOFF 9604 CORTEZ RD #431 BRADENTON, FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jacqueline Forman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JACQUELINE FORMAN, Secy</b>			Date: <u><i>3/30/07</i></u>		Daytime Phone #: <u><i>794-0293</i></u>