

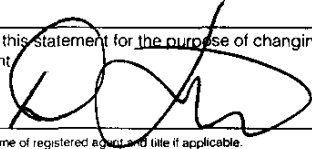
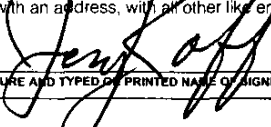


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90029 005 ****61.25

DOCUMENT # 755827 1. Entity Name THE WATERWAY CONDOMINIUM OWNERS' ASSOCIATION, INC.			
Principal Place of Business 9604 CORTEZ RD W BRADENTON, FL 34210		Mailing Address 4307 32ND ST W A-20 BRADENTON, FL 34205 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 4672 Fruitville Rd Suite, Apt. #, etc. City & State SARASOTA FL Zip 34232 Country USA	
		40111611 	
		07142008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2146089	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C&S CONDOMINIUM MGMT SVC, INC 4301 32ND ST WEST SUITE A-20 BRADENTON, FL 34205		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  DATE 7/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T TOMASCAK, PETER <input checked="" type="checkbox"/> Delete	TITLE	T RALPH CRANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMASCAK, PETER	NAME	RALPH CRANE
STREET ADDRESS	9604 CORTEZ RD WEST #334	STREET ADDRESS	9604 CORTEZ RD W. #217
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	P CHALLBURG, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALLBURG, WILLIAM	NAME	
STREET ADDRESS	9604 CORTEZ RD WEST #237	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	
TITLE	D MCGEE, JOHN <input checked="" type="checkbox"/> Delete	TITLE	D RAY WOOD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, JOHN	NAME	RAY WOOD
STREET ADDRESS	9604 CORTEZ RD W #315	STREET ADDRESS	9604 CORTEZ RD W #135
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	S FORMAN, JACQUELINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, JACQUELINE	NAME	
STREET ADDRESS	3740 PINEBROOKE CIR #308	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	VP KOPFF, JERRY <input type="checkbox"/> Delete	TITLE	P JERRY KOFF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPFF, JERRY	NAME	JERRY KOFF
STREET ADDRESS	9609 CORTEZ RD #431	STREET ADDRESS	9604 CORTEZ RD W. #431
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	<input type="checkbox"/> Delete	TITLE	VP BRENT MOSHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRENT MOSHER
STREET ADDRESS		STREET ADDRESS	9604 CORTEZ RD WEST #125
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON, FL 34210
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: 		Date 7/17 Daytime Phone # 941-377-3419	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	