

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766189 (5)**

1. Corporation Name

**WATERWAY ESTATES ASSOCIATION, INC.**



Principal Place of Business

**C/O EDWARD A URBAN  
4 PALM DR. PO BOX 245  
YANKEETOWN FL 32698**

Mailing Address

**C/O EDWARD A URBAN  
4 PALM DR. PO BOX 245  
YANKEETOWN FL 32698**

3. Date Incorporated or Qualified  
**12/17/1982**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2279239**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URBAN, EDWARD A  
4 PALM DRIVE  
YANKEETOWN FL 34498**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRIMMON, STEVE	
STREET ADDRESS	22 PALM DR	
CITY - ST - ZIP	YANKEETOWN, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDMONSTON, RICHARD	
STREET ADDRESS	17 PALM DR	
CITY - ST - ZIP	YANKEETOWN, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, DELORIS	
STREET ADDRESS	15 MAGNOLIA AVE	
CITY - ST - ZIP	YANKEETOWN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRINK, PEGGY	
STREET ADDRESS	39 MAGNOLIA AVE	
CITY - ST - ZIP	YANKEETOWN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATNODE, MARTHA	
STREET ADDRESS	20 HICKORY AVENUE	
CITY - ST - ZIP	YANKEETOWN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWART, SUE	
STREET ADDRESS	55 MAGNOLIA AVE	
CITY - ST - ZIP	YANKEETOWN, FL 00000	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEAN M. CLACHER	
1.3 STREET ADDRESS	6 MAGNOLIA AVE.	
1.4 CITY - ST - ZIP	YANKEETOWN, FL 34498	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELLIE JENSEN	
3.3 STREET ADDRESS	11 MAGNOLIA AVE.	
3.4 CITY - ST - ZIP	YANKEETOWN, FL 34498	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *JEAN M. CLACHER* **JEAN M. CLACHER** 2/5/96 447-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)