

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34498-24353. Date Incorporated or Qualified  
12/17/19823a. Date of Last Report  
02/14/1996

2. Principal Place of Business

21 C/O Jean M. Clacher  
Suite, Apt. #, etc. P.O. Box 278  
22 6 Magnolia Avenue  
City & State23 Yankeetown, FL 34498  
Zip Country

24 34498 25 USA

2a. Mailing Address

26 C/O Jean M. Clacher  
Suite, Apt. #, etc. P.O. Box 278  
27 6 Magnolia Avenue  
City & State28 Yankeetown, FL 34498  
Zip Country

29 34498 30 USA

4. FEI Number

59-2279239

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

URBAN, EDWARD A  
4 PALM DRIVE  
YANKEETOWN FL 34498

10. Name and Address of New Registered Agent

81 Name

Jean M. Clacher

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

6 Magnolia Avenue

83

84 City

Yankeetown

FL

85 Zip Code  
34498

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 *Jean M. Clacher*

(NOTE: Registered Agent signature required when reinstating)

2/28/97

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME CLACHER, JEAN M  
STREET ADDRESS 6 MAGNOLIA AVENUE  
CITY-ST-ZIP YANKEETOWN FLTITLE VD ☐ DELETENAME EDMONSTON, RICHARD  
STREET ADDRESS 17 PALM DR  
CITY-ST-ZIP YANKEETOWN, FL 00000TITLE S ☒ DELETENAME JENSEN, ELLIE  
STREET ADDRESS 11 MAGNOLIA AVENUE  
CITY-ST-ZIP YANKEETOWN FLTITLE T ☐ DELETENAME FRINK, PEGGY  
STREET ADDRESS 39 MAGNOLIA AVE  
CITY-ST-ZIP YANKEETOWN, FL 00000TITLE D ☐ DELETENAME PATNODE, MARTHA  
STREET ADDRESS 20 HICKORY AVENUE  
CITY-ST-ZIP YANKEETOWN, FL 00000TITLE D ☐ DELETENAME COWART, SUE  
STREET ADDRESS 55 MAGNOLIA AVE  
CITY-ST-ZIP YANKEETOWN, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Strauss Wolfe

7 Palm Drive, Yankeetown, FL 34498

14. I do 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 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* J. M. CLACHER 2/28/97 352-447-2600

CR2E037 (9/96)