

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766189** (5)

1. Corporation Name

**WATERWAY ESTATES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O JEAN M CLACHER  
6 MAGNOLIA AVE PO BOX 278  
YANKEETOWN FL 34498  
US

C/O JEAN M CLACHER  
6 MAGNOLIA AVE PO BOX 278  
YANKEETOWN FL 34498  
US

3. Date Incorporated or Qualified

**12/17/1982**

4. FEI Number

**59-2279239**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **C/O LINDA CHAFFEE**

26 **C/O LINDA CHAFFEE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **10 MAGNOLIA AVE PO BOX 422**

27 **10 MAGNOLIA AVE PO BOX 422**

City & State

City & State

23 **YANKEETOWN FL**

28 **YANKEETOWN FL**

Zip

Country

Zip

Country

24 **34498**

25 **USA**

29 **34498**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLACHER JEAN M  
6 MAGNOLIA AVE  
YANKEETOWN FL 34498

81 Name

**LINDA CHAFFEE**

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

**10 MAGNOLIA AVE**

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

*Linda P. Chaffee*

**LINDA P CHAFFEE**

**4/20/98**

Signature, typed or printed name of registered agent and fee is 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	CLACHER, JEAN M	
STREET ADDRESS	6 MAGNOLIA AVENUE	
CITY-ST-ZIP	YANKEETOWN FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ED URBAN</b>	
1.3 STREET ADDRESS	<b>(P.O. Box 245) 4 PALM DR</b>	
1.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDMONSTON, RICHARD	
STREET ADDRESS	17 PALM DR	
CITY-ST-ZIP	YANKEETOWN, FL 00000	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ED DAWKINS</b>	
2.3 STREET ADDRESS	<b>(P.O. Box 22) 40 MAGNOLIA AVE</b>	
2.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MINTON, BARBARA	
STREET ADDRESS	9 PALM DRIVE	
CITY-ST-ZIP	YANKEETOWN FL	

3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LINDA CHAFFEE</b>	
3.3 STREET ADDRESS	<b>10 MAGNOLIA AVE</b>	
3.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FRINK, PEGGY	
STREET ADDRESS	39 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN, FL 00000	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Deloras Dixon</b>	
4.3 STREET ADDRESS	<b>(P.O. Box 355) 15 MAGNOLIA AVE</b>	
4.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATNODE, MARTHA	
STREET ADDRESS	20 HICKORY AVENUE	
CITY-ST-ZIP	YANKEETOWN, FL 00000	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Peggy FRINK</b>	
5.3 STREET ADDRESS	<b>39 MAGNOLIA AVE</b>	
5.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COWART, SUE	
STREET ADDRESS	55 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN, FL 00000	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>EDITH McCrimmon</b>	
6.3 STREET ADDRESS	<b>(P.O. Box 520) 22 MAGNOLIA AVE</b>	
6.4 CITY-ST-ZIP	<b>YANKEETOWN, FL 34498</b>	

14. 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 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: *Linda P. Chaffee* **LINDA P CHAFFEE** 4/4/98 (352) 447-0824

CR2E037 (10/97)