

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766189

1. Entity Name

WATERWAY ESTATES ASSOCIATION, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90059 044 ****61.25

Principal Place of Business

Mailing Address

C/O CHAFFEE, LINDA
 10 MAGNOLIA AVE/PO BOX 422
 YANKEETOWN FL 34498
 US

C/O CHAFFEE, LINDA
 10 MAGNOLIA AVE/PO BOX 422
 YANKEETOWN FL 34498-0422
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O DIANE STEIDEN

PO BOX 268

Suite, Apt. #, etc
 10 PALM DR

Suite, Apt. #, etc
 10 PALM DR

City & State
 YANKEETOWN, FL

City & State
 YANKEETOWN, FL

Zip
 34498

Country
 LEU

Zip
 34498

Country
 LEU

4. FEI Number

59-2279239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIDEN, DIANE
 15 PALM DR
 YANKEETOWN FL 34498

Name
 DIANE STEIDEN

Street Address (P.O. Box Number is Not Acceptable)
 10 PALM DRIVE

PO BOX 268

City
 YANKEETOWN

FL 34498

mail
 delivery to PO Box

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.

SIGNATURE Diane Steiden Secretary 3/11/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME URBAN, ED
 STREET ADDRESS 4 PALM DR/ PO BOX 245
 CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☒ Delete
 NAME DAWKINS, ED
 STREET ADDRESS 40 MAGNOLIA AVE/ PO BOX 22
 CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☒ Change ☐ Addition
 NAME HEDY EMERSON
 STREET ADDRESS 8 PALM DRIVE
 CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE S ☐ Delete
 NAME STEIDEN, DIANE
 STREET ADDRESS 15 PALM DR
 CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☒ Change ☐ Addition
 NAME 10 PALM DRIVE
 CITY-ST-ZIP

TITLE T ☒ Delete
 NAME DIXON, DELORES
 STREET ADDRESS 15 MAGNOLIA AVE / PO BOX 355
 CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☒ Change ☐ Addition
 NAME ISALLY SWAIN
 STREET ADDRESS 11 PALM DRIVE
 CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE D ☒ Delete
 NAME FRINK, PEGGY
 STREET ADDRESS 39 MAGNOLIA AVE
 CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☒ Change ☐ Addition
 NAME ELEANOR FREDRICKS
 STREET ADDRESS 6 PALM DRIVE
 CITY-ST-ZIP YANKEETOWN, FL 34498

TITLE D ☐ Delete
 NAME MCCRIMMON, EDITH
 STREET ADDRESS 22 PALM DR/PO BOX 520
 CITY-ST-ZIP YANKEETOWN FL 34498

TITLE ☐ Change ☒ Addition
 NAME GEORGE D. ROSS
 STREET ADDRESS 18 Magnolia St.
 CITY-ST-ZIP YANKEETOWN, FL 34498

12. 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 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: Diane Steiden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2000 352-447-5771
 Date Daytime Phone #

CR2E037 (9/99)