

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 766189**

1. Entity Name

WATERWAY ESTATES ASSOCIATION, INC.

Principal Place of Business

**10 PALM DR
YANKEETOWN FL 34498
US**

Mailing Address

**P.O. BOX 268
10 PALM DR
YANKEETOWN FL 34498
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
10 PALM DRIVE
P.O. BOX 268
YANKEETOWN FL 34498**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD DIXON, RALPH W	<input type="checkbox"/> Delete
STREET ADDRESS	15 MAGNOLIA AVENUE	
CITY-ST-ZIP	YANKEETOWN FL 34498	

TITLE NAME	VD STEIDEN, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	18 MAGNOLIA AVENUE	
CITY-ST-ZIP	YANKEETOWN FL 34498	

TITLE NAME	S STEIDEN, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	10 PALM DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	

TITLE NAME	T MCMAHON, CAROLE	<input type="checkbox"/> Delete
STREET ADDRESS	6811 RIVERSIDE DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	

TITLE NAME	D COWART, JERRY B	<input type="checkbox"/> Delete
STREET ADDRESS	55 MAGNOLIA AVENUE	
CITY-ST-ZIP	YANKEETOWN FL 34498	

TITLE NAME	D MCCRIMMON, EDITH	<input type="checkbox"/> Delete
STREET ADDRESS	22 PALM DR/P.O BOX 520	
CITY-ST-ZIP	YANKEETOWN FL 34498	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	GEORGE ROSS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:**SIGNEE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/18/02 352-447-5571**
Date Daytime Phone #**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90110 045 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)