

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90046 011 ****61.25

DOCUMENT # 766189

1. Entity Name

WATERWAY ESTATES ASSOCIATION, INC.



Principal Place of Business

PO BOX 422
YANKEETOWN FL 34498
US

Mailing Address

PO BOX 422
10 PALM DR
YANKEETOWN FL 34498
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Yankee town, FL.

Zip

Country

Zip

Country

34498-0422



1st MOORE

CR2E037 (10/04)

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

CHAMPAGNE, KARIN
33 MAGNOLIA AVE.
YANKEETOWN FL 34498

7. Name and Address of New Registered Agent

Name

Carol Ross

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

18 Magnolia Av.

City

Yankee town

FL

Zip Code

34498

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Ross*

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

(NOTE: Registered Agent signature required when reinstating)

3-12-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAWKINS, JEAN	
STREET ADDRESS	40 MAGNOLIA AVE.	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRINK, PEGGY	
STREET ADDRESS	39 MAGNOLIA AVE.	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAMPAGNE, KARIN	
STREET ADDRESS	33 MAGNOLIA AVE.	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCAHON, CAROLE	
STREET ADDRESS	6811 RIVERSIDE DRIVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWART, JERRY B	
STREET ADDRESS	55 MAGNOLIA AVENUE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRIMMON, EDITH	
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	<i>Ralph W. Dixon</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>P.O. Box 355</i>	
STREET ADDRESS	<i>15 Magnolia Av. (President)</i>	
CITY-ST-ZIP	<i>Yankee town, FL 34498</i>	
TITLE	<i>V.P.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Julian Swain</i>	
STREET ADDRESS	<i>11 Palm Dr.</i>	
CITY-ST-ZIP	<i>Yankee town, FL 34498</i>	
TITLE	<i>S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Carol Ross</i>	
STREET ADDRESS	<i>P.O. Box 197-18 Magnolia Av</i>	
CITY-ST-ZIP	<i>Yankee town, FL 34498</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05

Date

352-447-0164

Daytime Phone #