

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766189

**FILED**  
**Jul 12, 2011**  
**Secretary of State**

**Entity Name:** WATERWAY ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

55 MAGNOLIA AVE  
YANKEETOWN, FL 34498 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 422  
YANKEETOWN, FL 34498 US

**New Mailing Address:**

**FEI Number:** 59-2279239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIDEN, DIANE  
10 PALM DR.  
YANKEETOWN, FL 34498 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COWART, JERRY  
Address: 55 MAGNOLIA AVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: V  
Name: MARX, WILLIAM A  
Address: 10 PALM DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: S  
Name: STEIDEN, DIANE  
Address: 10 PALM DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: T  
Name: MCMAHON, CAROLE  
Address: 6811 RIVERSIDE DRIVE,P.O.BOX 162  
City-St-Zip: YANKEETOWN, FL 34498

Title: D  
Name: SAYWARD, MICHAEL  
Address: 39 MAGNOLIA AVE  
City-St-Zip: YANKEETOWN, FL 34498

Title: D  
Name: MCDOUGAL, DON  
Address: 7 OAK DRIVE  
City-St-Zip: YANKEETOWN, FL 34498

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLE MCMAHON

T

07/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date