

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-11-2002 90039 019 ****61.25

DOCUMENT # N01000004840

1. Entity Name

WATER WHEEL WAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1074 POINT SEASIDE DRIVE
CRYSTAL BEACH FL 34681POST OFFICE BOX 971
CRYSTAL BEACH FL 34681

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 64-3732478

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, BARRY

1074 POINT SEASIDE DRIVE
CRYSTAL BEACH FL 34681P.O. Box 971
1074 Pt. Seaside Dr.

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.

BARRY WEISS

3/30/02

DATE

(NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WEISS, BARRY, Box 971,	
STREET ADDRESS	1074 POINT SEASIDE DRIVE	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISS, MARY	
STREET ADDRESS	1074 POINT SEASIDE DRIVE	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMBAUM, WILLIAM	
STREET ADDRESS	2295 CAROLYN DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHAL COLBASSANI	
STREET ADDRESS	2355 BENTREE Rd. Apt 222	
CITY-ST-ZIP	PALM HARBOR, FL 34683	

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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02

Date

727
734 6903

Daytime Phone #

CR2E037 (9/01)