## 2006 NOT-FOR-PROFIT CORPORATION LANNUAL REPORT (AR)

## Mar 01, 2006 8:00 am Secretary of State DOCUMENT # N03000001812 1. Entity Name 03-01-2006 90027 030 \*\*\*\*61.25 WATERWAY PATIO HOMES CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 100 CLUBHOUSE LANE SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-1024385 Not Applicable LORIDA -Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33857 Fee Required HIGHLANDS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREED, E. MARK III Street Address (P.O. Box Number is Not Acceptable) 325 N COMMERCE AVE SEBRING FL 33870 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registured Agent signature required when reinstating) DATE 26年的第四世代表现在2世代 J. LANA Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete ☐ Change Addition TITLE 71511 PHYLLIS KENNISTON KRENISKY, MARIE NAME NAME 78 CLUBHOUSE LA-STREET ADDRESS 58 CLUBHOUSE LN STREET ADDRESS CITY-ST-ZIE SEBRING FL 33876 CITY-ST-ZIP SEBRING FL- 33876 D JAMES GALLOWAY 22 CLUBHOUSE LN-TITLE ☐ Delete TITLE Addition PRICE, FRANK NAME NAME 28 CLUBHOUSE LN STREET ADDRESS STREET ADDRESS SEBRING, FL- 33876 SERRING FL 33876 CITY-ST-7IP. CITY-S1-ZIP B TREAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONTAG, WILLIAM B NAME NAME 32 CLUBHOUSE LN STREET ADDRESS STREET ADDRESS SEBRING FL 33876 CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

2/16/06 863-655-SIGNATURE: Willia

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.