FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:13

DOCUMENT # N03419 (1)

1. Corporation Name
THE WATERWAYS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4105 RAILROAD AVE EL JO BEAN FL 33953	4105 RAILROAD AVE EL JO BEAN FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2588277 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BIBENS, BRIAN G
14438 WORTHWHILE RD
EL JOBEAN FL 33953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: BRIAN G. BIBENS — Brian G. Bibens — 2/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ABELE, JOSEPH	1.2 NAME	Brian G. Bibens	
STREET ADDRESS	14364 WORTHWHILE ROAD	1.3 STREET ADDRESS	14438 Worthwhile Rd.	
CITY-ST-ZIP	EL JOBEAN FL	1.4 CITY-ST-ZIP	EL Jobean, FL. 33953	
TITLE	VPD	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	BIBENS, BRIAN	2.2 NAME	Melvin Kugler	
STREET ADDRESS	14438 WORTHWHILE RD	2.3 STREET ADDRESS	245 Sportsman Rd.	
CITY-ST-ZIP	EL JOBEN FL	2.4 CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	S	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	BIBENS, ROBERTA	3.2 NAME	Roberta Bibens	
STREET ADDRESS	231 CADDY ROAD	3.3 STREET ADDRESS	231 CADDY RD	
CITY-ST-ZIP	RONTONDA FL	3.4 CITY-ST-ZIP	ROTONDA West, FL 33947	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	REEVES, ARLENE	4.2 NAME		
STREET ADDRESS	6373 MATARA COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REEVES, EDWARD	5.2 NAME		
STREET ADDRESS	6373 MATARA COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roberta Bibens (Roberta Bibens) Treas. 2/1/95 813-697-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0001302