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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33953-5951

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28: Port Charlotte, FL

Zip — 24
Country — 25
Zip — 29: 33953
Country — 30

4. FEI Number: 59-2588277 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 PORT CHARLOTTE FL 85 Zip Code 33953

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: BRIAN G BIBENS — Signature, typed or printed name of registered agent and title if applicable
Brian G. Bibens — (NOTE: Registered Agent signature required when reinstating)
DATE: 1/8/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BIBENS, BRIAN G		1.2 NAME	
STREET ADDRESS	14438 WORTHWHILE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	EL JOBEAN FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KUGLER, MELVIN		2.2 NAME	
STREET ADDRESS	245 SPORTSMAN RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BIBENS, ROBERTA		3.2 NAME	
STREET ADDRESS	231 CADDY ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	RONTONDA FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	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	☐ DELETE	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	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BALBIER, MICHELLE		6.2 NAME	
STREET ADDRESS	14373 WORTHWHILE ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	EL JOBEAN FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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 S. Bibens — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roberta S. Bibens — Date: 1/7/97 — Daytime Phone #: 941-697-0674
0057826