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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 PORT CH 33953 US

3. Date Incorporated or Qualified: 06/04/1984

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BIBENS, BRIAN G
14438 WORTHWHILE RD
PORT CHARLOTTE 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BIBENS, BRIAN G		1.2 NAME	Bibens, Brian G.	
STREET ADDRESS	14438 WORTHWHILE RD		1.3 STREET ADDRESS	15810 AQUA Circle	
CITY-ST-ZIP	EL JOBEAN FL		1.4 CITY-ST-ZIP	Port Charlotte FL. 33981	
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	ROTONDA West FL. 33947	
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	PORT CHARLOTTE, FL, 33953	

CR2E037 (10/97)

14. 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 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 A Bibens Treasurer 3/31/98 941-697-0674