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03-10-1999 90174 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03419**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/04/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2588277 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Brian G. Bibens Brian G. Bibens DATE 3/5/99
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		☐ Change ☐ Addition
NAME	BIBENS, BRIAN G		1.2 NAME		
STREET ADDRESS	15810 AQUA CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		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	ROTONDA FL 33947		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 33953		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Roberta J. Bibens REQUIRED Roberta S Bibens 3/6/99 941-697-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #