2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # NO3419 1. Entity Name THE WATERWAYS HOMEOWNERS ASSOCIATION, INC. 04-27-2001 90295 010 ****70.00 Principal Place of Business Mailing Address 4105 RAILROAD AVE 4105 RAILROAD AVE PORT CH 33953 646111 EL-JO BEAN FL 33953 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2588277 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHUMACHER, WILLIAM 14454 WORTHWHILE RD **UNIT 36** PORT CHARLOTTE FL 33953 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. reasurer 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Addition SCHUMACKER, WILLIAM NAME NAME 14454 WORTHWHILE RD STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33953 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE KUGLER, MELVIN NAME NAME 245 SPORTSMAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROTONDA WEST FL TITLE ☐ Delete TITLE BOYD, AL NAME NAME STREET ADDRESS 4523 BROWNIE RD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33981 CITY - ST- ZIP nham, Ronald D | Change TITLE ☐ Delete TITLE BOYD, JOYCE NAME NAME 4523 BROWNIE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT CHARLOTTE FL 33953 ☐ Addition Change TITLE TITLE MUSCIA, JÓSÉPH NAME NAME 12612 BACKNUS RD STREET ADDRESS STREET ADDRESS PORT CHÁRLÖTTE FL 33981 CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

BALBIER, MICHELLE

EL JOBEAN FL 33953

14373 WORTHWHILE ROAD

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

941-627 3345

Change

Addition