2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90208 026 ****70.00

DOCUMENT # N03419

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHUMACHER, WILLIAM 4105 RAILROAD RD PORT CHARLOTTE FL 33953	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUMACHER, WILLIAM 14454 WORTHWHILE RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KUGLER, MELVIN 245 SPORTSMAN RD ROTONDA WEST FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, AL 4523 BROWNIE RD PORT CHARLOTTE FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOYD, JOYCE 4523 BROWNIE RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POWERS, ROBERT 14430 WORTHWHILE RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRYE, ROXANNE 14455 WORTHWHILE RD PORT CHARLOTTE FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lynn Hashmen Secretary 8418 Gilbert Ave North Port FL 34287	☐ Change ☒ Addition

CR2E037 (9/01)

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.

SIGNATURE: Joyce R Boyd REQUIRED — 1-8-02 — 9416273345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #