2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

PORT CH 33953

4105 RAILROAD AVE

DOCUMENT # N03419

1. Entity Name

Principal Place of Business

4105 RAILROAD AVE

EL-JO BEAN FL 33953

THE WATERWAYS HOMEOWNERS ASSOCIATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90130 032 ****70.00

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			US		1 13 6 11 6 1	. 8818 - 1111 - 21861 - 11818 - 1811 -		U 61611 1661	
2. Principal Place of Bysiness 4105 Rautroad live 3.			3. Mailing Address 4105 Raul	road av	e IIII				
Suite, Apt. #, etc.			Pod Charlo	tle		CHECK HERE IF MAKING CHANGES			
Cit & State 33 953			City & State + L		4. FEI Number	4. FEI Number 59-2588277 Applied For Not Applicable			
Zip		Charlotte	33953	Parlett	5. Certificate of	Status Desired	\$8.75 Add Fee Require		
-	6. Name	and Address of Current F	Registered Agent		7. Name and A	ddress of New Regist	tered Agent		
4105 RA	achèr, wili Ilroàd rd Harlotte i			Street Address (P.O. Box Number is Not Acceptable) 410 5 Raulroad West and 4523 Browne Rd					
& The above	e named ontit	y submits this statement for	the purpose of changing its	City	rt Charlot	te	FL Zip Cod	\$ 5 3	
the obligations of registered agent. SIGNATURE Signifure, system or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
<u> </u>	FILE NOW	: FEE IS \$61.25	Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees		Check Payable epartment of S		
10. √	T	OFFICERS AND DIRE		11.	ADDITIONS/CHAN	IGES TO OFFICERS AN	ND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14454 WO	HER, WILLIAM RTHWHILE RD ARLOTTE FL 33953	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schumacher, V 14454 Worth	Villam while Rd to 71 339!	Ø Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, AL 4523 BROY		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	y or our or		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOYD, JOY 4523 BROY		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, 1 14430 WOI PORT CHA	****	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***	☐ Change	Addition	
TITLE NAME	S HASHMAN	LYNN	Delete	TITLE NAME	Bacretary Janet Rolan	d.	Change	Addition	

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 of the corporation of the receive. S. the address changed, or on an attachment with an address

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

8418 OSBERT AVE

NORTH PORT FL 34287

with all other like empowered.

LTL REQUIRED

Defete

☐ Change

Addition