

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90097 042 ****70.00

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DOCUMENT # N04000008156 1. Entity Name THE WATERWAYS AT ISLES AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9255 SW 219 ST MIAMI, FL 33190			Mailing Address 13055 SW 42 ST STE 203 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # 13055 SW 42 ST.		3. Mailing Address Suite, Apt. #, etc. Suite 203			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-1100540	
Zip 33175		Zip 33175		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGFRIED, LERNER & DE TORRES 201 ALHAMBRA CIR STE 604 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERREIRA, MARISA 9255 SW 219 ST MIAMI, FL 33190	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUBI, SILVIO 9348 SW 220 ST MIAMI, FL 33190	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LIVINGSTON, CHARLES 9322 SW 221 ST MIAMI, FL 33190	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RIBEIRO, KRISHNA 9317 SW 219 ST MIAMI, FL 33190	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Vera, Luis 22150 SW 93 PLACE MIAMI, FL 33190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Coats, Scheryl 22037 SW 92 PLACE MIAMI, FL 33190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: KRISHNA RIBEIRO 1/31/07 786 2001465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					