FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05022** (1)

1. Corporation Name

WATERWAYS MARINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
20803 BISCAYNE BLVD. 103 AVENTURA FL 33180 US	20803 BISCAYNE BLVD 103 AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0055651 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24
County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
County — 30

9. Name and Address of Current Registered Agent

WOLFE, LEON J. ESQ.
% BERMAN, WOLFE & RENNERT, P.A.
100 SE 2ND STREE, 38TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100 SE 2nd St., 35th Floor
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	XX Change	☐ Addition
NAME	KEITH, TIM V.	12 NAME	DELETE	
STREET ADDRESS	20803 BISCAYNE BLVD. #103	13 STREET ADDRESS		
CITY ST ZIP	AVENTURA FL	14 CITY ST ZIP		
TITLE	STD	21 TITLE	☐ Change	☐ Addition
NAME	SEMLER, DANIEL R.	22 NAME		
STREET ADDRESS	20803 BISCAYNE BLVD. #103	23 STREET ADDRESS		
CITY ST ZIP	AVENTURA FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE	☐ Change	☐ Addition
NAME	ACKERMAN, ROBERT C.	32 NAME		
STREET ADDRESS	20803 BISCAYNE BLVD. #103	33 STREET ADDRESS		
CITY ST ZIP	AVENTURA FL	34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	X Addition
NAME		42 NAME	PD TACHER, ROBERTA	
STREET ADDRESS		43 STREET ADDRESS	20803 BISCAYNE BLVD. #103	
CITY ST ZIP		44 CITY ST ZIP	AVENTURA, FL 33180	
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert C. Ackerman — 4-13-95 — 305-935-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert C. Ackerman

0004033