

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90129 002 \*\*\*\*70.00

DOCUMENT # N06562

1. Corporation Name

OCEAN WATERWAY CO-OP, INC.

Principal Place of Business

1500 OLD GRIFFIN RD.  
DANIA FL 33004

Mailing Address

1500 OLD GRIFFIN RD.  
DANIA FL 33004



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/11/1984

4. FEI Number

65-0383998

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

9. Name and Address of Current Registered Agent

NADEAU, CLAIRE  
1500 OLD GRIFFIN RD  
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE CLAIRE NADEAU Claire Naudeau, Manager 3/16/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |                                            |
|----------------|--------------------|--------------------------------------------|
| TITLE          | DP                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | ST-JEAN, ROBERT    |                                            |
| STREET ADDRESS | 221 JAMAICA STREET |                                            |
| CITY-ST-ZIP    | DANIA FL 33004     |                                            |
| TITLE          | DVP                | <input checked="" type="checkbox"/> DELETE |
| NAME           | REGAUDIE, AURELE   |                                            |
| STREET ADDRESS | 167 INAGUA STREET  |                                            |
| CITY-ST-ZIP    | DANIA FL 33004     |                                            |
| TITLE          | DVP                | <input checked="" type="checkbox"/> DELETE |
| NAME           | BOUDRAULT, LUCIEN  |                                            |
| STREET ADDRESS | 53 CATCAY COURT    |                                            |
| CITY-ST-ZIP    | DANIA FL 33004     |                                            |
| TITLE          | DT                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | FORTIN, YVONNE     |                                            |
| STREET ADDRESS | 216 INAGUA STREET  |                                            |
| CITY-ST-ZIP    | DANIA FL 33004     |                                            |
| TITLE          | DS                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROBIN, MARCEL      |                                            |
| STREET ADDRESS | 29 ANDROS PL       |                                            |
| CITY-ST-ZIP    | DANIA FL 33004     |                                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | BERUBE, RODRIGUE   |                                            |
| STREET ADDRESS | 88 DOMINICA STREET |                                            |
| CITY-ST-ZIP    | DANIA FL 33004     |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |                                                                              |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | DP                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | REGAUDIE AURELE     |                                                                              |
| 1.3 STREET ADDRESS | 167 INAGUA STREET.  |                                                                              |
| 1.4 CITY-ST-ZIP    | DANIA FL 33004.     |                                                                              |
| 2.1 TITLE          | DVP                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | BOULANGER, JEAN-GUY |                                                                              |
| 2.3 STREET ADDRESS | 34 BARBADOS BLVD    |                                                                              |
| 2.4 CITY-ST-ZIP    | DANIA FL 33004.     |                                                                              |
| 3.1 TITLE          | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | BOUDRAULT, LUCIEN   |                                                                              |
| 3.3 STREET ADDRESS | 53 CATCAY COURT     |                                                                              |
| 3.4 CITY-ST-ZIP    | DANIA FL 33004      |                                                                              |
| 4.1 TITLE          | DT                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | FORTIN, YVONNE      |                                                                              |
| 4.3 STREET ADDRESS | 216 INAGUA STREET.  |                                                                              |
| 4.4 CITY-ST-ZIP    | DANIA FL 33004      |                                                                              |
| 5.1 TITLE          | DS                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | ROBIN MARCEL        |                                                                              |
| 5.3 STREET ADDRESS | 29 ANDROS PL.       |                                                                              |
| 5.4 CITY-ST-ZIP    | DANIA FL 33004      |                                                                              |
| 6.1 TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | BELANGER, MAURICE   |                                                                              |
| 6.3 STREET ADDRESS | 87 DOMINICA STREET. |                                                                              |
| 6.4 CITY-ST-ZIP    | DANIA FL 33004      |                                                                              |

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required President 3/16/99 954-922-0984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)