2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am DOCUMENT # N06562 **Secretary of State** 03-26-2004 90015 011 ****70.00 OCEAN WATERWAY CO-OP, INC. Principal Place of Business Mailing Address 1500 OLD GRIFFIN RD. 1500 OLD GRIFFIN RD. 54022874 **DANIA FL 33004 DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0383998 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NADEAU, CLAIRE Street Address (P.O. Box Number is Not Acceptable) 1500 OLÓ GRIFFIN RD **DANIA FL 33004** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOUDRAULT, LUCIEN NAME NAME 53 CATCAY CT STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-ZIP PAGNE, BERNARD Delete ☐ Change TITLE TITLE FORTIN, YVONNE NAME NAME 30 Andros PLACE 216 INAGUA STREET STREET ADDRESS STREET ADDRESS **DANIA FL 33004** DANIABEREH, Fl. 33004. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE MEINARD, NORMAND PATENAUDE PIERRE NAME NAME 243 JAMAICA STREET 35 BARBADOS BLUD STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-ZIP DANIA, BEACH, TITLE ☐ Delete TITLE LABRANCHE, RICHARD NAME NAME 159 INAGUA STREET STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F . Change ■ Addition BELANGER, MAURICE NAME MAKAE **87 DOMINICA STREET** STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE ☐ Change Addition POULIN, PATRICK NAME NAME 54 CATCAY CT STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-ZIP

FILED

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EXAMING OFFICER OR DIRECTOR

Date

Date

Date

Daylime Phone #