

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07750

FILED
May 07, 2008
Secretary of State

Entity Name: WATERWAY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

504 SUN N. LAKE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

400 W. CRESCENT
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 59-2510277 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WAY, JAMES R
504 SUN N LAKE BLVD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DALE, STEVEN,
Address: 500 SUN-N-LAKES BLVD.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: PD () Delete
Name: DALE, LAURA,
Address: 500 SUN-N-LAKES BLVD
City-St-Zip: LAKE PLACID, FL

Title: TD () Delete
Name: WAY, JANET E
Address: 504 SUN N LAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: WAY, JAMES
Address: 504 SUN N LAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WAY

TD

05/07/2008

Electronic Signature of Signing Officer or Director

Date