

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # N12255

1. Entity Name
WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**110-114 IDA AVENUE
LAKE PLACID, FL 33852**

Mailing Address
**110-114 IDA AVENUE
LAKE PLACID, FL 33852**



03142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2999557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JANE, ELIZABETH M.
114 IDA AVENUE
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANE, ELIZABETH M. 114 IDA AVENUE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWBERRY, JAMES R 110 IDA AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COUCH, S C 112 IDA AVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JANE, JOHN F. 114 IDA AVENUE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COUCH, JANICE 112 IDA AVE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000303374
04/13/05-80110-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth M Jane Pres **1/12/05** **863-465-1186**