

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90173 013 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JANE, ELIZABETH M. 114 IDA AVENUE LAKE PLACID, FL 33852			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANE, ELIZABETH M.		NAME		
STREET ADDRESS	114 IDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWBERRY, JAMES R		NAME		
STREET ADDRESS	110 IDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUCH, S C		NAME	VD JAMES WELSH	
STREET ADDRESS	112 IDA AVE		STREET ADDRESS	112 IDA AVE	
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP	LAKE PLACID - 33852	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANE, JOHN F.		NAME		
STREET ADDRESS	114 IDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUCH, JANICE		NAME	AS SUE WELSH	
STREET ADDRESS	112 IDA AVE		STREET ADDRESS	112 IDA AVE	
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Elizabeth M. Jane</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/16/07 <small>Date</small>		863-465-1186 <small>Daytime Phone #</small>