## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N46339

(0)

## ROCKERMAN WATERWAYS CONDOMINIUM ASSOCIATION, INC

,	NINAN WATERWATE COL	ADOMINATION AUGUSTATI	ON, INO					
Principal Place of Business		Mailing Address				i Braif Biril Biril Glaif Biril	ALDII IEAI	
3594 ROCKERMAN ROAD MIAMI FL 33133		3594 ROCKERMAN ROAD MIAMI FL 33133-3233						
					<ol> <li>Date Incorporated or Qualified</li> <li>12/06/1991</li> </ol>	3a. Date of Last Rep 05/21/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Appl	ied For	
		26			65-0302354		Appl cable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		Cily & State	<b>├</b> ─┐		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
<del>-</del>	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Regi	istered Agent		
070440	2 0011110							
STRAUSS, RONALD			82	Street A	ddress (P.O. Box Number is Not Acceptable	9)		
3594 ROCKERMAN ROAD MIAMI FL 33131			83				<del></del>	
MIMINIFE	. 33131							
			84	City		FL 85 Zip Co	de	
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.								
agent. Far	n familiar with, and accept the obt	rgations of, Section 617.0503, F	lorida Statutes.					
SIGNATURE _	Signature, typed or printed name of registered	agest and title it applicable (NO	1F: Registered Agent	signature n	equires when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	IN 12	
TITLE	D	🔀 DELETE	1.1 TOLE	I	Stella Ling	Change	X Addition	
NAME	STRAUSS, DOREEN		1.2 NAME		3590 Rockerman Road			
STREET ADDRESS	( 000 : 110 0 : 1 : 110 1 : 1		1.3 STREET A	DDRESS	Miami, FL 33133			
CITY-ST-ZIP	MIAMI FL 33133		14 CITY-ST-	ZIP				
TrTLE	D	☐ DELETE	2 1 TITLE	İ		Change	Addition	
NAME	POTTER, MARLENE		2.2 NAME					
STREET ADDRESS	3592 ROCKERMAN RD. MIAMI FL		2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D WILAMI PL	DELETE	2. 4 CITY - ST 3.1 TITLE	- ZIP		Change	Addition	
NAME	STRAUSS, RONALD		3.2 NAME	1				
STREET ADDRESS			3 3 STREET A	DDRESS				
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY - ST	- 1				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	DORESS				
CITY-ST-ZIP			4.4 CITY - ST-	ZIP				
TITLE		☐ DEL€TE	5.1 TITLE	-		☐ Change	Addition	
NAME			5.2 NAME	Ì			•	
STREET ADDRESS			53 STREET A	DDRESS				
CITY-ST-ZIP		Dec. 276	5.4 City-St-	ZIP		1 05	1 4 4 5 5	
TITLE		☐ DELETE	6.1 TITLE			☐ Change [	Addition	
NAME DEDUCE ADDRESS			6.2 NAME	PDDCCC				
STREET ADDRESS			6.3 STREET A	- 1				
CITY-ST-ZIP 14. I do hereb	v certify that the information suppl	tied with this filing does not gual	6.4 CITY-ST- ify for the exem	ption sta	ated in Section 119.07(3)(i), Florida Statutes.	I further certify that the	<del></del>	
information indicated on this annual sport 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 exporation or the receiver or toward empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 changed, or on an ittlachment with an address.								