

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90040 023 ****61.25

DOCUMENT # N46339

1. Entity Name
**ROCKERMAN WATERWAYS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3594 ROCKERMAN ROAD
MIAMI, FL 33133 US**

Mailing Address
**2200 SOUTH DIXIE HWY., STE 702-B
MIAMI, FL 33133 US**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0302354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, THOMAS
3594 ROCKERMAN ROAD
MIAMI, FL 33133**

**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, 2004**

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	D MEAD, STANLEY B 3590 ROCKERMAN ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, MARLENE 3592 ROCKERMAN RD. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, THOMAS E 3594 ROCKERMAN ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas E. Lewis **Thomas E. Lewis** **3/29/04** **305-856-6868**