

**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 <b>65-0302354</b>	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	

**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)(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:**

*Thomas E. Lewis* **Thomas E. Lewis** *3/29/04* **305-856-6868**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #