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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002528 (6)**

1. Corporation Name

WESTPORT WATERWAYS PRESERVATION ASSOCIATION, INC



Principal Place of Business	Mailing Address
9909 SAN MATEO WAY PORT RICHEY FL 34668	9909 SAN MATEO WAY PORT RICHEY FL 34668

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

59-3326764

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCREMIN, CLIFF
9909 SAN MATEO WAY
PORT RICHEY FL 34668**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Cliff Scremin
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCREMIN, CLIFF	
STREET ADDRESS	9909 SAN MATEO WAY	
CITY-ST-ZIP	PORT RICHEY FL 34668	

1.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	DOWDY, ANNE	
STREET ADDRESS	9834 SAN SEBASTIAN WAY	
CITY-ST-ZIP	PORT RICHEY FL 34668	

2.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	SNEE, BILL	
STREET ADDRESS	9911 SAN SIERRA WAY	
CITY-ST-ZIP	PORT RICHEY FL 34668	

3.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	NEWMAN, TED	
STREET ADDRESS	9831 SAN SIERRA WAY	
CITY-ST-ZIP	PORT RICHEY FL	

4.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cliff Scremin

CR2E037 (10/97)