

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90092 016 ****61.25

DOCUMENT # N96000006307

1. Entity Name
THE WATERWAYS AT PEMBROKE FALLS
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
C/O UNITED COMMUNITY MGMT
11784 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Mailing Address
C/O UNITED COMMUNITY MGMT
11784 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

40075511



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0732081

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MANAGEMENT
11784 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	ESPINOSA, JOSEPH	
STREET ADDRESS	13032 NW 6 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SELINGER, BILL	
STREET ADDRESS	13073 NW 7 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRUSTACI, MARY	
STREET ADDRESS	12991 NW 5 COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEONARD, PAUL	
STREET ADDRESS	685 N.W. 130TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOGAN, SANDI	
STREET ADDRESS	627 NW 129TH WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLACK, ROBERT	
STREET ADDRESS	665 NW 130TH AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

4/17/08 (954) 752-81