2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004392

FILED Jan 30, 2006 Secretary of State

Entity Name: WATERWAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7393 SOUTH WATERWAY DRIVE MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 7393 SOUTH WATERWAY DRIVE MIAMI, FL 33155 FEI Number: 65-0935840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LOPEZ, ANTHONY MOSQUERA, ARNOLDO Name: Name: 7393 SOUTH WATERWAY DRIVE Address: 7480 SW 29 ST. Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: DV Title: (X) Change () Addition () Delete HAMMAN, HENRY L Name: QUIGLEY, ELEANOR Name: Address: 7393 SOUTH WATERWAY DRIVE Address: 3470 SW 75 AVE City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: () Delete Title: (X) Change () Addition BYORLY, DIANA RUIZ, MARIA Name: Name: 7393 SOUTH WATERWAY DRIVE 7335 S WATERWAY DR Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 () Delete Title: TD Title: () Change () Addition FERNANDEZ, LYNNE Name: Name: 7393 SOUTH WATERWAY DRIVE Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: DV DV () Delete Title: (X) Change () Addition QUIGLEY, ELLIE CONTRERAS, JUAN Name: Name: 7393 SOUTH WATERWAY DRIVE 7325 SW 37 ST Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: () Delete Title: () Change (X) Addition RHODES, DUSTY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7555 SW 32 ST MIAMI, FL 33155

SIGNATURE: ARNOLDO MOSQUERA PD 01/30/2006

Address:

City-St-Zip: