

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004392

FILED
May 01, 2008
Secretary of State

Entity Name: WATERWAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

7393 SOUTH WATERWAY DRIVE
MIAMI, FL 33155

New Principal Place of Business:

7480 S.W. 29 STREET
MIAMI, FL 33155

Current Mailing Address:

7393 SOUTH WATERWAY DRIVE
MIAMI, FL 33155

New Mailing Address:

7480 S.W. 29 STREET
MIAMI, FL 33155

FEI Number: 65-0935840 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MOSQUERA, ARNOLDO
Address: 7480 SW 29 ST.
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: QUIGLEY, ELEANOR
Address: 3470 SW 75 AVE
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: RUIZ, MARIA
Address: 7335 S WATERWAY DR
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: FERNANDEZ, LYNNE
Address: 7393 SOUTH WATERWAY DRIVE
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: CONTRERAS, JUAN
Address: 7325 SW 37 ST
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: RHODES, DUSTY
Address: 7555 SW 32 ST
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FERNANDEZ, LYNNE
Address: 7345 S. WATERWAY DRIVE
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LYNNE FERNANDEZ

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05/01/2008

Electronic Signature of Signing Officer or Director

Date