2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113649

Address:

City-St-Zip:

14627 COLLIER BOULEVARD

NAPLES, FL 34119

Entity Name: WATERWAYS HOMES REALTY, INC

FILED Apr 30, 2008 Secretary of State

		VATO FICINIZO INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	LLIER BLVD.					
SUITE #5 NAPLES, I	FL 34116					
Current Mailing Address:			New Maili	New Mailing Address:		
11985 COLLIER BLVD. SUITE #5 NAPLES, FL 34116			15013 SUMMIT PLACE CIRCLE NAPLES, FL 34119			
FEI Number	: 20-0322238	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:		
5100 TOW BOCA RA	TON, FL 3348	IRCĹE, STE. 430 6 US	purpose of changing i	its registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GOLAN, AMNO	E RD 84 STE B15	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DAVENPORT, F	E RD 84, STE B15	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () ROBERT, MILL 3350 BRIDLE F WESTON, FL (ATH LANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () BRIAN, SELIGN 15122 SUMMIT NAPLES, FL 3	PLACE CR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VPT () MAXINE, RABN	Delete EY	Title: Name:	VPT (X) Change () Addition MAXINE, RABNEY		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

11985 COLLIER BLVD STE #5

NAPLES, FL 34116

SIGNATURE: RICHARD DAVENPORT VPS 04/30/2008