2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000113649

Entity Name: WATERWAYS HOMES REALTY, INC.

FILED Oct 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11985 COLLIER BLVD. SUITE #5 NAPLES, FL 34116 **Current Mailing Address: New Mailing Address:** 15013 SUMMIT PLACE CIRCLE NAPLES, FL 34119 FEI Number: 20-0322238 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: E.H.G. RESIDENT AGENTS, INC 5100 TOWN CENTER CIRCLE, STE. 430 BOCA RATON, FL 33486 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: Title: () Delete Title: () Change () Addition GOLAN, AMNON Name: Name: 11860 W STATE RD 84 STE B15 Address: Address: City-St-Zip: **DAVIE, FL 33330** City-St-Zip: Title: **VPST** Title: **VPST** () Delete (X) Change () Addition Name: DAVENPORT, RICHARD Name: DAVENPORT, RICHARD 11860 W STATE RD 84, STE B15 15489 SUMMIT PLACE CR Address: Address: **DAVIE, FL 33330** NAPLES, FL 34119 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ROBERT, MILLER Name: Name: 3350 BRIDLE PATH LANE Address: Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition BRIAN, SELIGMAN Name: Name: Address: 15122 SUMMIT PLACE CR Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change () Addition MAXINE, RABNEY Name: Name: 11985 COLLIER BLVD STE #5 Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: DAVID, BROGDON 449 BAY LEAF DR Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34759

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.

SIGNATURE: RICHARD DAVENPORT VPST 10/23/2009