

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726946

Entity Name: WATERWAY WEST, INC.**Current Principal Place of Business:**315 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**315 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**FEI Number:** 59-1578126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAUMANN, KARLA L
391 S. TIMBERLANE DRIVE
NEW SMYRNA BEACH, FL 32168 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**Officer/Director Detail :**

Title PRESIDENT
Name BRIGGS, DIANE
Address 315 N. CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VICE PRESIDENT
Name WENGEL, KENNY
Address 315 N. CAUSEWAY C403
City-State-Zip: NEW SMYRNA BCH FL 32169

Title TREASURER
Name KEIRAN, VICKI
Address 315 N. CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title SECRETARY
Name GIAMMATTEO, LU
Address 315 N. CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name NAGLE, JAY
Address 315 N. CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name MARTIN, STEVE
Address 315 NORTH CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name SIMPSON, SANDY
Address 315 N. CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

I hereby 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 all other like empowered.

SIGNATURE: LU GIAMMATTEO**SECRETARY****01/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date