2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 13, 2006 **DOCUMENT# 744287** Secretary of State

Entity Name: WIDE WATERS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3239 PERIMETER RD. PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

3239 PERIMETER RD PALM CITY, FL 34990

FEI Number: 59-2231179 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:

KRAFT, ANNA C 3239 PÉRIMETER RD. PALM CITY, FL 34990 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CANN, TIM MCCOMB, THERESA Name: Name: 3210 PERIMERER RED Address: 3191 NW PERIMETER ROAD Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete Title: () Change () Addition

Name: PIECHOTA, MARILYN Name: Address: 3230 PERIMETER RD Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip:

Title: VD. () Delete Title: (X) Change () Addition STAAS, JUDI STAAB, JUDI Name: Name:

3224 PERIMETER RD 3224 NW PERIMETER RD Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete Title: STD (X) Change () Addition

Name: MCCOMB, TERIE Name: KRAFT, ANNA 3239 NW PERIMETER RD Address: 3191 PERIMETER RD Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

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.

SIGNATURE: THERESA MCCOMB PD 11/13/2006