

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01298

1. Entity Name

WATER-OAKS REGATTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

612 REGATTA CIRCLE
NICEVILLE FL 32578

612 REGATTA CIRCLE
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, BRIAN C.
171 C EGLIN PARKWAY NE
FT WALTON BCH. FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME WHITE, JOHN
STREET ADDRESS 308 REGATTA DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE S ☐ Change ☒ Addition
NAME WOLFENDEN, DAVID
STREET ADDRESS 1006 REGATTA DR
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE T ☐ Delete
NAME ROWLAND, SAMMY K
STREET ADDRESS 302 REGATTA DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☐ Change ☒ Addition
NAME FLINN, MARY JEAN
STREET ADDRESS 608 REGATTA DR
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D ☒ Delete
NAME MASSEY, SAM
STREET ADDRESS 310 REGATTA DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MASON, WILLIAM
STREET ADDRESS 802 REGATTA DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sammy K. Rowland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90482 028 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 542390022
~~NOT APPLICABLE~~

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)