

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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1. Entity Name
WATER RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**6453 EAST HWY. 100
FLAGLER BEACH, FL 32136**

Mailing Address
**6453 EAST HWY. 100
FLAGLER BEACH, FL 32136**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3506091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELSHE, KENNETH
6453 EAST HWY. 100
FLAGLER BEACH, FL 32136**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE
02/01/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

02/01/06 80022-008 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ALLEN, RANDOLPH M
6453 EAST HWY. 100
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
BELSHE, KENNETH
6453 EAST HWY. 100
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WHITLEY, VIVIAN L
6453 EAST HWY. 100
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vivian Whitley VIVIAN WHITLEY DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/06 (986) 445-8100