

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 024 ****61.25

DOCUMENT # N04000010821					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162008 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent Name Robin L. Webb Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Drive, suite 110 City Orlando FL Zip Code 32751		
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			DATE 2/25/2008		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, RANDOLPH M 6453 EAST HWY. 100 FLAGLER BEACH, FL 32136	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Amon McCormack 3129 Springbank Lane Charlotte, NC 28226	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BELSHE, KENNETH 6453 EAST HWY. 100 FLAGLER BEACH, FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITLEY, VIVIAN L 6453 EAST HWY. 100 FLAGLER BEACH, FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:			DATE 2/22/08 704 847-6006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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