

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12722** (7)

1. Corporation Name

WATerview HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4110 S. FLORIDA AVE.
LAKELAND FL 33813**

**4110 S. FLORIDA AVE.
LAKELAND FL 33813**

2. Principal Place of Business

2a. Mailing Address

21 2109 Windward Pass
Suite, Apt. #, etc.

26 2109 Windward Pass
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Lakeland, FL 33813
Zip Country

28 Lakeland, FL 33813
Zip Country

24 **25 Polk**

29 **30 Polk**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/20/1985

3a. Date of Last Report
02/28/1995

4. FEI Number

59-2636601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

**STEPHENS, D. K.
4110 S. FLORIDA AVE.
LAKELAND FL 33813**

81 Name

Wm. N. Weybright

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

2126 Sandy Hook

83

84 City

Lakeland

FL

85 Zip Code
33813

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wm. N. Weybright

(Note: Registered agent signature required when reinstating)

February 1, 1996

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COFFMAN, KATHLEEN	
STREET ADDRESS	4110 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TODD, MARGE A	
STREET ADDRESS	4222 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, HAL H	
STREET ADDRESS	4110 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wm. N. Weybright	
1.3 STREET ADDRESS	2126 Sandy Hook	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE	1VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howard Schrieber	
2.3 STREET ADDRESS	2047 Windward Pass	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary Bence	
3.3 STREET ADDRESS	2118 Sandy Hook	
3.4 CITY-ST-ZIP	Lakeland, FL 33813	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Melissa Harrison	
4.3 STREET ADDRESS	2010 Windward Pass	
4.4 CITY-ST-ZIP	Lakeland, FL 33813	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wm. C. Ackerman	
5.3 STREET ADDRESS	2050 Windward Pass	
5.4 CITY-ST-ZIP	Lakeland, FL 33813	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Wm. N. Weybright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 1996

Date Daytime Phone #

CR2E037 (12/95)