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**May 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # W12722
 1. Corporation Name
WATERVIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2109 WINDWARD PASS
LAKELAND FL 33813

21. Principal Place of Business <u>2109 WINDWARD PASS</u>	2a. Mailing Address <u>SAME</u>
22. City & State <u>LAKELAND FL</u>	27. City & State <u>SAME</u>
23. Zip <u>33813</u>	28. Country <u>USA</u>
24. Zip <u>33813</u>	29. Country <u>USA</u>

3. Date Incorporated or Qualified

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

WILLIAM N. WEYBRIGHT
2126 SANDY HOOK
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT + DIRECTOR</u> <input type="checkbox"/> DELETE
NAME	<u>WILLIAM N. WEYBRIGHT</u>
STREET ADDRESS	<u>2126 SANDY HOOK</u>
CITY-ST-ZIP	<u>LAKELAND, FL 33813</u>
TITLE	<u>JAMES H. HILL</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>VICE PRES. + DIRECTOR</u>
STREET ADDRESS	<u>2002 HATTERAS POINT</u>
CITY-ST-ZIP	<u>LAKELAND, FL 33813</u>
TITLE	<u>VICE PRES + DIRECTOR</u> <input type="checkbox"/> DELETE
NAME	<u>GARY BENGE</u>
STREET ADDRESS	<u>2118 SANDY HOOK</u>
CITY-ST-ZIP	<u>LAKELAND, FL 33813</u>
TITLE	<u>SECRETARY + DIRECTOR</u> <input type="checkbox"/> DELETE
NAME	<u>MILDRED RAUTSON</u>
STREET ADDRESS	<u>2054 WINDWARD PASS</u>
CITY-ST-ZIP	<u>LAKELAND, FL 33813</u>
TITLE	<u>DIRECTOR</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>TIMOTHY ACKERMAN</u>
STREET ADDRESS	<u>2001 HATTERAS POINT</u>
CITY-ST-ZIP	<u>LAKELAND, FL 33813</u>
TITLE	<u>TREASURER + DIRECTOR</u> <input type="checkbox"/> DELETE
NAME	<u>VERGINIA T. ACKERMAN</u>
STREET ADDRESS	<u>2050 WINDWARD PASS</u>
CITY-ST-ZIP	<u>LAKELAND, FL 33813</u>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<u>DIRECTOR</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>BEVERLY SCOTT</u>
1.3 STREET ADDRESS	<u>2134 SANDY HOOK</u>
1.4 CITY-ST-ZIP	<u>LAKELAND FL 33813</u>
2.1 TITLE	<u>VICE-PRESIDENT + DIRECTOR</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>CLAUDIA SALYER</u>
2.3 STREET ADDRESS	<u>2112 HATTERAS POINT</u>
2.4 CITY-ST-ZIP	<u>LAKELAND FL 33813</u>
3.1 TITLE	<u>DIRECTOR</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<u>CARLOS MENDES</u>
3.3 STREET ADDRESS	<u>2116 HATTERAS POINT</u>
3.4 CITY-ST-ZIP	<u>LAKELAND FL 33813</u>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 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: William N. Weybright, President Date: April 29, 1998

CR2E037 (10/97)