


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12722

1. Corporation Name

WATERVIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2109 WINDWARD PASS
 LAKELAND FL 33813
 US

Mailing Address

2109 WINDWARD PASS
 LAKELAND FL 33813
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/20/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2636601	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WEYBRIGHT, WILLIAM N.
 2126 SNADY HOOK
 LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEYBRIGHT, WILLIAM N.		1.2 NAME		
STREET ADDRESS	2126 SANDY HOOK		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, JAMES H		2.2 NAME	DIRECTOR	
STREET ADDRESS	2002 HATIERAS POINT		2.3 STREET ADDRESS	CARLOS MENDES	
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP	2116 HATTERAS POINT	
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENCE, GARY		3.2 NAME	DIRECTOR	
STREET ADDRESS	2118 SANDYHOOK		3.3 STREET ADDRESS	DAVID PATTERSON	
CITY-ST-ZIP	LAKELAND FL 33813		3.4 CITY-ST-ZIP	2092 WINDWARD PASS	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUTSON, MILDRED		4.2 NAME		
STREET ADDRESS	2054 WINDWARD PASS		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		4.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALYER, CLAUDIA		5.2 NAME		
STREET ADDRESS	2112 HATTERAS POINT		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		5.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACKERMAN, VIRGINIA		6.2 NAME		
STREET ADDRESS	2050 WINDWARD PASS		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *March 29, 1999*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)