

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/11/00 09:25:02 027 61.25

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90252 027 \*\*\*\*61.25

**DOCUMENT # N12722**

1. Entity Name

**WATERVIEW HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2109 WINDWARD PASS  
 LAKELAND FL 33813  
 US

2109 WINDWARD PASS  
 LAKELAND FL 33813-1337  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2636601**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEYBRIGHT, WILLIAM N.  
 2126 SANDY HOOK  
 LAKELAND FL 33813

2126 SANDY HOOK

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*William N. Weybright, President*

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

(NOTE: Registered Agent signature required when reinstating)

*April 12, 2000*

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEYBRIGHT, WILLIAM N.	
STREET ADDRESS	2126 SANDY HOOK	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDES, CARLOS	
STREET ADDRESS	2116 HATTERAS POINT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENCE, GARY	
STREET ADDRESS	2118 SANDYHOOK	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAUTSON, MILDRED	
STREET ADDRESS	2054 WINDWARD PASS	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SALYER, CLAUDIA	
STREET ADDRESS	2112 HATTERAS POINT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, VIRGINIA	
STREET ADDRESS	2050 WINDWARD PASS	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARCIE WHEELER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD 2130 SANDY HOOK	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK KONESTABLA	
STREET ADDRESS	D 4423 MOONRAKEE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ACKERMAN VIRGINIA	
STREET ADDRESS	2122 SANDY HOOK	
CITY-ST-ZIP	LAKELAND FL 33813	

12. 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 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:

**SIGNATURE REQUIRED**

*William N. Weybright, President 4/12/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE