

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90005 049 ****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
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.
126 SANDY HOOK
LAKELAND FL 33813

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PTD ☐ Delete
NAME WEYBRIGHT, WILLIAM N.
STREET ADDRESS 2126 SANDY HOOK
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Change ☒ Addition
NAME BRANT PRINE
STREET ADDRESS 2102 WINDWARD PASS
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D ☐ Delete
NAME PATTERSON, DAVID
STREET ADDRESS 2092 WINDWARD PASS
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BENCE, GARY
STREET ADDRESS 2118 SANDYHOOK
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WHEELER, DARCIE
STREET ADDRESS 2130 SANDY HOOK
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SALYER, CLAUDIA
STREET ADDRESS 2112 HATTERAS POINT
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME KONESTABO, FRANK
STREET ADDRESS 4123 MOON RAZER
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)