

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 044 ****75.00

DOCUMENT # N12722

1. Entity 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**

34000000



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

**WEYBRIGHT, WILLIAM N.
2126 SNADY HOOK
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

HAINES, CHARLES

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

2080 WINDWARD PASS

City

LAKELAND

FL

Zip Code

33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Haines - President

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

(NOTE: Registered Agent signature required when reinstating)

1/26/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WEYBRIGHT, WILLIAM N.	
STREET ADDRESS	2126 SANDY HOOK	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, DAVID	
STREET ADDRESS	2092 WINDWARD PASS	
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	WHEELER, DARCIE	
STREET ADDRESS	2130 SANDY HOOK	
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	D	<input checked="" type="checkbox"/> Delete
NAME	PRINE, BRANDT	
STREET ADDRESS	2102 WINDWARD PASS	
CITY-ST-ZIP	LAKELAND FL 33813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEYBRIGHT, WILLIAM N	
STREET ADDRESS	2126 SANDY HOOK	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS SHINN	
STREET ADDRESS	2059 WINDWARD PASS	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCE, GARY	
STREET ADDRESS	2118 SANDY HOOK	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN O NOREVILLE	
STREET ADDRESS	2066 WINDWARD PASS	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALYER, CLAUDIA	
STREET ADDRESS	2112 HATTERAS POINT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES HAINES	
STREET ADDRESS	2080 WINDWARD PASS	
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:

Charles Haines **CHARLES HAINES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

863-668-6032

Daytime Phone #