

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12722

FILED  
Feb 13, 2010  
Secretary of State

**Entity Name:** WATERVIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2109 WINDWARD PASS  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

2109 WINDWARD PASS  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 59-2636601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUINTO, AMBER SEC.  
2006 HATTERAS PT  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: BRACKETT, LISA VP  
Address: 2125 SANDY HOOK  
City-St-Zip: LAKELAND, FL 33813

Title: PD  
Name: VALENTINE, JACK PD  
Address: 2115 SANDY HOOK  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: MCCONNELL, FRED D  
Address: 2011 HATTERAS POINT  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: ALLYN, PRICE D  
Address: 2136 HATTERAS PT  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: FARR, BRUCE D  
Address: 2110 WINDWARD PASS  
City-St-Zip: LAKELAND, FL 33813

Title: SD  
Name: QUINTO, AMBER A SD  
Address: 2006 HATTERAS PT  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMBER QUINTO

SD

02/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date