## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 15, 2005 8:00 am

1. Entity Name						Secretary of State 03-15-2005 90045 037 ****70.00			
WATER C	OAK PROI	PERTY OWNERS'	ASSOCIATION, INC.			<b>y</b>	-13-2003 200	J-13 037 70	
Principal Plac	e of Business	S	Mailing Address						
21045 COMMERCIAL TRAIL BOCA RATON FL 33486				OFROVED TO	51/	50027	064		
		•			DATE			<u> </u>	
2. Principal Place of Business			3. Mailing Address G.L. AC Suite, Apt. #, etc.						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	llal	1st N	OORE	CR2E037 (10/04	1)	
City & State			City & State		4. FEI Number	65-0016575		Applied For Not Applicable	
Zip Country		Zip Cou		ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent -		Nama	7. Name and Ad	dress of New Re	egistered Agent	
WILLIAM K. ISAACSON,			<u>_</u>		Name				
21045 COMMERCIAL TRAIL BOCA RATON FL 33486			•		Street Address (P.O. Box Number is Not Acceptable)				
					City	<u> </u>		FL Zip C	code
The above named entity submits this statement for the purpose of changing its register					d office or regis	tered agent or both i	n the State of Flor	. — !	ith and accept
the obligat	tions of regist	tered agent.				<u>-</u> ge, e. <u>-</u> eu., .		Trock   Carried and to	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if epplicable (NOT	E: Registered	/Agent signature requ	red when reinstating)		DATE	<del></del>
		rure.		<del></del>			Mark Trans		erra nicha
	FIPE NOW								
	CALLED HOUSE TOWN	FEE IS \$61.25 May 1, 2005	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees	Florid	ke Check Payab la Department c	f State
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10. TITLE NAME	CALLED HOUSE TOWN	May 1, 2005 OFFICERS AND DI	Trust Fund C	Contribution	on. 🗆	Added to Fees	Florid	la Department c	f State
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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 shapowered 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

Daytime Phone #