

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744287

**Entity Name:** WIDE WATERS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3239 NW PERIMETER RD  
PALM CITY, FL 34990**Current Mailing Address:**3239 NW PERIMETER RD.  
PALM CITY, FL 34990 US**FEI Number:** 59-2231179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, JENNIFER  
3239 NW PERIMETER RD.  
PALM CITY, FL 34990 US*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:** JENNIFER LEE

06/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | LEE, JENNIFER        |
| Address         | 3239 NW PERIMETER RD |
| City-State-Zip: | PALM CITY FL 34990   |

|                 |                     |
|-----------------|---------------------|
| Title           | TREASURER           |
| Name            | HATCH, STEVE        |
| Address         | 3179 NW DOCKAGE WAY |
| City-State-Zip: | PALM CITY FL 34990  |

|                 |                      |
|-----------------|----------------------|
| Title           | PD                   |
| Name            | LOCHNER, STEPHEN     |
| Address         | 3191 NW PERIMETER RD |
| City-State-Zip: | PALM CITY FL 34990   |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | STAAB, JUDI          |
| Address         | 3224 NW PERIMETER RD |
| City-State-Zip: | PALM CITY FL 34990   |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | HANNER, MICHELE      |
| Address         | 3170 NW PERIMETER RD |
| City-State-Zip: | PALM CITY FL 34990   |

*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:** JENNIFER LEE**DIRECTOR**

06/06/2020

Electronic Signature of Signing Officer/Director Detail

Date