

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01298

Entity Name: WATER-OAKS REGATTA HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 05, 2021
Secretary of State
5812117707CC**Current Principal Place of Business:**1049 JOHN SIMS PARKWAY
SUITE 1
NICEVILLE, FL 32578**Current Mailing Address:**PO BOX 73
NICEVILLE, FL 32588 US**FEI Number: 59-2390022****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PANHANDLE MANAGEMENT, LLC
1049 JOHN SIMS PARKWAY
SUITE 1
NICEVILLE, FL 32578 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:** CARMEN SOUDERS**04/05/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ROWLAND, ROSIE
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

Title PRESIDENT
Name CLARK, KATHY
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

Title SECRETARY
Name EXTERKAMP, JAN
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

Title TREASURER
Name DUTTON, RODNEY
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

Title DIRECTOR
Name FISTER, BRUCE
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

Title DIRECTOR
Name YANCEY, CHARLIE
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

Title DIRECTOR
Name PARKER, JOEL
Address PO BOX 73
City-State-Zip: NICEVILLE FL 32588

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: KATHY CLARK**PRESIDENT****04/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date