## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 549904 1. Corporation Name

CITY-ST-ZIP

WATERWOOD PROPERTIES, INC.

Principal Place	e of Business	Mailing Address			L (Maidt detil Midta tutin enter dates mas	1 81811 91811 81811	MINI BINI INNI
1131 MACK BA	YOU RD.	1131 MACK BAYOU RD.				•	
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 3245					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/24/1977		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
n		26		59-1789565	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution			
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24 25		29 30		Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
	TIN, JOHNNY G. GULFSHORE DR. #23		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
DESTIN FL 32541			83	<u> </u>			
		•					
			84	City	F	L 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Novel or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	Signature, typed or printed name of registered ager		3.	it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	DVST		1 TITLE	<del></del>		☐ Change	
NAME	MARTIN, WANDA M.	_	2 NAME	Ì			
STREET ADDRESS	0111 -01100- 00 400			T ADDRESS		•	{
	DESTIN FL 32541		4 CITY-S				
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NAME	MARTIN, JOHNNY G.	_	2 NAME				
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NAME ,	J	6.	2 NAME				j
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14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90172 039 \*\*\*150.00