

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 024 ****61.25

DOCUMENT # 723152					
1. Entity Name WACCASASSA LAKE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8609 S.E. 64TH TERRACE TRENTON, FL 32693 US			Mailing Address 8609 S.E. 64TH TERRACE TRENTON, FL 32693 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1556365	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, NAOMI 8149 SE 69 TERRACE TRENTON, FL 32693				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSBY, PATRICIA 8609 S.E. 64TH TERRACE TRENTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, NAOMI 8149 SE 69 TERRACE TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIVENS, CHRISTINE 8560 SE 64 TERR TRENTON, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZARNIAK, NANCY 8459 S.E. 64TH TERRACE TRENTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUMPHERY, BILL 3656 SE 66 CIRCLE TRENTON, FL 32693	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEMARY McDANIEL 6790 SE 91 TRAIL TRENTON, FL 32693-9658	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEMARY McDANIEL 6790 SE 91 TRAIL TRENTON, FL 32693-9658	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEMARY McDANIEL 6790 SE 91 TRAIL TRENTON, FL 32693-9658	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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 empowered 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: <i>Naomi J. Hudson</i> Jan. 19, '05 352-472-6463					