


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1556365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
		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 _____ U00000439907
03/02/06-80018-021 61.25
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when secretarial) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROSBY, PATRICIA			NAME			
STREET ADDRESS	8609 S.E. 64TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	TRENTON FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, NAOMI			NAME			
STREET ADDRESS	8149 SE 69 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	TRENTON FL 32693			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDANIEL, ROSEMARY			NAME			
STREET ADDRESS	6790 SE 91 TRAIL			STREET ADDRESS			
CITY-ST-ZIP	TRENTON FL 32693-9658			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CZARNIAK, NANCY			NAME			
STREET ADDRESS	8459 S.E. 64TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	TRENTON FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUMPHERY, BILL			NAME			
STREET ADDRESS	3656 SE 66 CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TRENTON FL 32693			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.