

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 045 ****61.25

DOCUMENT # 743661

1. Entity Name
WATER BRIDGE 4 ASSOCIATION, INC.



Principal Place of Business
**5945 DEL LAGO CIRCLE
SUNRISE, FL 33313**

Mailing Address
**2531 ARAGON BLVD.
SUNRISE, FL 33322**

40053806



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1880819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNAITMAN, TRACEY
2531 ARAGON BLVD
SUNRISE, FL 33322**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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
NAME PAPALE, DOMINICK
STREET ADDRESS 5945 DEL LAGO CIR
CITY-ST-ZIP SUNRISE, FL 33313 ☒ Delete

TITLE **Pres**
NAME **Leti Champagne**
STREET ADDRESS **5945 Del Lago Circle**
CITY-ST-ZIP **#308 Sunrise FL 33313** ☐ Change ☒ Addition

TITLE SD
NAME MAEVSKY, MARILYN
STREET ADDRESS 5945 DEL LAGO CIRCLE
CITY-ST-ZIP SUNRISE, FL 00000, 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VDT
NAME PAPALE, JANE
STREET ADDRESS 5945 DEL LAGO CIRCLE
CITY-ST-ZIP SUNRISE, FL 33313 ☒ Delete

TITLE **Treas**
NAME **Betty Lucca**
STREET ADDRESS **5945 Del Lago Circle**
CITY-ST-ZIP **#105 Sunrise FL 33313** ☐ Change ☒ Addition

TITLE D
NAME CHEMIN, DORIS
STREET ADDRESS 5945 DEL LAGO CIRCLE
CITY-ST-ZIP SUNRISE, FL 33313 ☐ Delete

TITLE **VP**
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME DEBOW, ANTIONETTE
STREET ADDRESS 5945 DEL LAGO CIR
CITY-ST-ZIP SUNRISE, FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Leti Champagne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-06