

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744164

FILED
Apr 13, 2009
Secretary of State

Entity Name: WATER BRIDGE 5 ASSOCIATION, INC.

Current Principal Place of Business:

5935 DEL LAGO CIRCLE
#304
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5935 DEL LAGO CIRCLE
#304
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 59-1880822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGMORE, RICHARD P
5935 DEL LAGO CIRCLE
#304
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LONGMORE, RICHARD P
Address: 5935 DEL LAGO CIR #304
City-St-Zip: SUNRISE, FL 33313

Title: TR () Delete
Name: JOHNSON, MARY TR
Address: 5935 DEL LAGO CIR #301
City-St-Zip: SUNRISE, FL 33313

Title: S () Delete
Name: LOEFFLER, HILDA SEC
Address: 5935 DEL LAGO CIR #201
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: DAVIS, CYNTHIA DIR
Address: 5935 DEL LAGO CIR #307
City-St-Zip: SUNRISE, FL 33313

Title: VP () Delete
Name: HOCHSTADT, GRACE VP
Address: 5935 DEL LAGO CIR #103
City-St-Zip: SUNRISE, FL 33313

Title: VP () Delete
Name: HOCHSTADT, GRACE VP
Address: 5935 DEL LAGO CIR #103
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD LONGMORE

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date