## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744164**

FILED Apr 13, 2009 Secretary of State

Entity Name: WATER BRIDGE 5 ASSOCIATION, INC.

		of Business:	New Principal Plac	New Principal Place of Business:	
	LAGO CIRCLE				
#304 SUNRISE	, FL 33313				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5935 DEI	LAGO CIRCLE				
<del>#</del> 304	, FL 33313				
FEI Number	: 59-1880822	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
LONGMO	RE, RICHARD	Р			
	LAGO CIRCLE				
	, FL 33313 US				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTO	
	, ,	Delete	Title:	( ) Change ( ) Addition	
Name:	LONGMORE, RI	CHARD P	Name:	( ) Change ( ) Addition	
√ame: Address:	, ,	CHARD P CIR #304		( ) Change ( ) Addition	
Name: Address: City-St-Zip:	LONGMORE, RI 5935 DEL LAGO SUNRISE, FL 3	CHARD P CIR #304	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle:	LONGMORE, RI 5935 DEL LAGO SUNRISE, FL 3 TR () JOHNSON, MAR	ICHARD P D CIR #304 3313 Delete RY TR	Name: Address: City-St-Zip: Title: Name:		
Name: Address: City-St-Zip: Fitle: Name: Address:	LONGMORE, RI 5935 DEL LAGO SUNRISE, FL 3 TR () JOHNSON, MAR 5935 DEL LAGO	ICHARD P D CIR #304 3313  Delete RY TR D CIR #301	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address:	LONGMORE, RI 5935 DEL LAGO SUNRISE, FL 3 TR () JOHNSON, MAR	ICHARD P D CIR #304 3313  Delete RY TR D CIR #301	Name: Address: City-St-Zip: Title: Name:		
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Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name:	LONGMORE, RI 5935 DEL LAGO SUNRISE, FL 3 TR ( ) JOHNSON, MAR 5935 DEL LAGO SUNRISE, FL 3 S ( ) LOEFFLER, HIL	ICHARD P D CIR #304 3313  Delete RY TR D CIR #301 3313  Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	()Change ()Addition	
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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