

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744287

FILED
Apr 22, 2008
Secretary of State

Entity Name: WIDE WATERS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3239 PERIMETER RD.
PALM CITY, FL 34990

New Principal Place of Business:

3191 PERIMETER RD.
PALM CITY, FL 34990

Current Mailing Address:

3239 PERIMETER RD.
PALM CITY, FL 34990

New Mailing Address:

3191 PERIMETER RD.
PALM CITY, FL 34990

FEI Number: 59-2231179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, ANNA C
3239 PERIMETER RD.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MCCOMB, THERESA
3191 PERIMETER RD.
PALM CITY, FL 34990 US

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: THERESA MCCOMB

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOMB, THERESA
Address: 3191 NW PERIMETER ROAD
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: PIECHOTA, MARILYN
Address: 3230 PERIMETER RD
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: STAAB, JUDI
Address: 3224 NW PERIMETER RD
City-St-Zip: PALM CITY, FL 34990

Title: STD () Delete
Name: KRAFT, ANNA
Address: 3239 NW PERIMETER RD
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: MCCOMB, THERESA
Address: 3191 NW PERIMETER ROAD
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Change () Addition
Name: PIECHOTA, MARILYN
Address: 3230 PERIMETER RD
City-St-Zip: PALM CITY, FL 34990

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

Title: VPD (X) Change () Addition
Name: HATCH, STEVE
Address: 3179 DOCKAGE WAY
City-St-Zip: PALM CITY, FL 34990

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: THERESA MCCOMB

STD

04/22/2008

Electronic Signature of Signing Officer or Director

Date