2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # 745907 1. Entity Name WATERVIEW ESTATES HOMEOWNER'S ASSOCIATION,					Secretary of State 04-13-2005 90053 046 ****61.25													
INC.																		
5400 WATE	e of Business RVIEW CIRCLE 6S, FL 33461	Mailing Address 5400 WATERVIEW CIRCLE PALM SPRINGS, FL 33461																
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			CTORY ACCYG SERVILLE			7												
	S GATEWAY BIND		10 Box 243214		04022005 C	Chg-NP	CR2E03	37 (10/03)										
City & State	ADN BEACH Fl.	City & State BoyNton Ber		1.	4. FEI Number 59-232010	68			oplied For of Applicable									
Zip_/	Country		Country	<u> </u>	5. Certificate of S	Status Desired		\$8.75 Add	ditional									
	6. Name and Address of Current Re				7. Name and Ad	dress of New	Registered.		KU									
FEICHT, V	UCKI +	<u>.</u> .	Name				· .		_									
1375 GAT	EWAY BLVD I BEACH, FL 33426		Street Ad	ddress (P	O. Box Number is	Not Acceptal	bie)											
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			City				FL	Zip Cod										
8. The above the obligat	named entity submits this statement for ti tions of registered agent.	ne purpose of changing its regis	stered office or	registere	d agent, or both, in	n the State of	Florida. I am	familiar with,	and accept									
SIGNATURE .									SKSNATI IDE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) OATE																		
<u> </u>	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Flegis	istered Agent signatu	ure required v	when remetating)		DATE											
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campaig Trust Fund Contril	gn Financing		\$5.00 May Be Added to Fees		Make chec orida Depar											
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	Election Campaig Trust Fund Contril CTORS	gn Financing ribution.		\$5.00 May Be	F	Make chec orida Depar	TIMENT OF SI	tate									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: Sary Journal Control 4/7/05 (561) 966-7404

BIGHATURE AND THYPED ON PHOTED NAME OF SIGNAND OFFICER ON DIRECTOR DESCRIPTION DESCRIPTION DESCRIPTION FORMS OF SIGNATURE OF SIGNATU