

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90038 042 ****61.25

DOCUMENT # 746494 1. Entity Name WATERBRIDGE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1586 WINTER PK, FL 32790 US			Mailing Address P.O. BOX 1586 WINTER PK, FL 32790 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01152005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1976662				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, VAN POWELL 200 SOUTH ORANGE AVE. ORLANDO, FL 32801			7. Name and Address of New Registered Agent 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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD NAIK, MIKE 1829 JESSICA COURT WINTER PK, FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD REKER, JAN 1660 LOELINE COURT WINTER PK, FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENHAW, TOM 1307 SERENA DR. WINTER PARK, FL 32789	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D 1660 JOELINE COURT	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemption stated in Section 119.07(3)(i), 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: <i>Janet M. Reker</i>		<i>Janet M. Reker</i>		3-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		4076290248	
Daytime Phone #					