2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #746494** 03-09-2006 90160 003 ****61.25 WATERBRIDGE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 30061301 P.O. BOX 1586 P.O. BOX 1586 WINTER PK, FL 32790 WINTER PK, FL 32790 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-1976662 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, VAN POWELL 200 SOUTH ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 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 reinstitting) CATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Detete ☐ Addition NAIK, MIKE NAME NAME STREET ADDRESS 1829 JESSICA COURT STREET ADORESS WINTER PK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete TITLE Change Addition REKER, JAN NAME NULF STREET ADORESS 1660 JOELINE CT STREET ADDRESS CITY-ST-7P WINTER PK, FL 32789 CITY-ST-ZIP VD TITLE ☐ Delete MI F ☐ Change Addition GREENHAW, TOM NAME NAME STREET ADDRESS 1307 SERENA DR STREET ADDRESS CTTY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete PD Addition CARLOS GIMENEZ 1889 Jessica Ct. Winter Park- FL 32789 NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY_ST_7IP TITLE ☐ Delete TITLE ☐ Change Addition shidey Blanton Ct, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Junet M. Reker 3-7-06

FILED

Mar 09, 2006 8:00 am