


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

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

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02042008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000856811
 03/28/08-80027-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REKER, JAN 1660 JOELINE CT WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENHAW, TOM 1307 SERENA DR. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIMENEZ, CARLOS 1889 JESSICA CT WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANTON, SHIRLEY 1896 JESSICA CT WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Janet M Reker 3-10-08 407 629 0248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #