## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 747839

(9)

WALK-IN-WATER LAKE ESTATES PROPERTY OWNERS ASSOC IATION, INC.

Principal Place of Business Mailing Address									T URBOIN TROUT BOOK BOOK ARRON FRIEND ELLING ORAL BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO
8854 OAKWOOD DRIVE 9330 PINETREE DR									
LAKE WALES FL 33853					LAKE WALES FL 33853 US				
				ι					Date Incorporated or Qualified     3a. Date of Last Report
									06/28/1979 04/12/1995
	2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26	26				<b>59-2075837</b> Not Applicable
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional
1	City & State			21	City & State				
23	Ony is ottate	28							6. Election Canipaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<del>                                     </del>	<b>Z</b> ip					C	Country		8. This corporation has liability for intangible tax under s. 199.032,
24			25	29		30			Florida Statutes 🔲 Yes 🗹 No
	Name and Address of Current Registered Agent						Ι.		10. Name and Address of New Registered Agent
							81	Name	
	KLING, F			82 Street Add			Address (P.O. Box Number is Not Acceptable)		
	2467 LAKEFRONT DR								
	LAKE W	ales fl 3	3853 - 6200				83		
							84	City	B5 Zip Code
Ļ	• 10 14				7,1000 61-21-04-1				FL 18 2 P COOS
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am									
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE  Signature, typed or printed name of registered agent and title if a \$40at lie (140TE: Registered Agent								t signature n	expuired when reinstating) DATE
1:		-3	OFFICERS AND				3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T)	LE	D	· · · · · · · · · · · · · · · · · · ·		DELETE	1.1	1 TITLE		D Change Addition
N/	.ME	BELDEN	i, allan			1.3	2 NAME		BELDEN, ALLAN
st	REET ADDRESS	9349 LE	MON DR			1.3	3 STREET	ADDRESS	9349 LÉMON DRIVE
CI	IY-ST-ZIP	LAKE W	ALES FL			1.4	4 CHY - S	T · ZIP	LAKE WALES, FLORIDA
T):	LE	D			DELETE	2	1 TITLE		SECRETARY X Change Addition
N/	ME		, MARGUERITE			2	2 NAME		CAROLE SLAUSSON
ST	REET ADDRESS		PRESSWOOD DR			2	3 STREE I	ADDRESS	9271 CYPRESSWOOD DRIVE
CI	IY-ST-ZIP		ALES FL			2	4 CITY - S	I - 71P	LAKE WALES, FLORIDA
TE	LE	TĎ			DELETE	3	1 TITLE		TREASURER □ Change □ Addition
N/	ME		ROSE MARIE			3	2 NAME		ROSE MARIE KLING
\$T	REET ADDRESS		KEFRONT DR			3.1	3 STREET	ADDRESS	2467 LAKEFRONT DRIVE
-	ry-St-ZIP		ALES FL		National Control		4 CITY-5	ST-ZIP	LAKE WALES, FLORIDA
l	LE	SD	OLBE		DELETE		1 TITLE		VICE PRESIDENT
ļ	ME	LUSTY,					2 NAME		GUSTAVE HOYER
i	REET ADDRESS		AKWOOD DR					ADDRESS	9036 CYPRESSWOOD DRIVE
-	IY-ST-ZIP		ALES FL		DELETE	_	4 CHY - S	1 - 71P	LAKE WALES, FLORIDA  PRESIDENT □ Change □ Addition
I	LE .	PD	ON DIONADO		["]DEFE IE	1	1 TITLE		- 112022 3112
I	ME		CK, RICHARD AKWOOD DR.				2 NAME	IDDDSSS	KAVELAK, RICHARD
I	REET ADDRESS					1		ADDRESS	8918 OAKWOOD DRIVE
-	TY-ST-ZIP	VD VD	ALES FL		<b>⊠</b> DELETE		4 CHY-S 1 TITLE	I - ZIP	LAKE WALES, FIORIDA  D Addition
l			, HILLARD		Macreir	- 1	2 NAME		<del>-2</del> /
I	ME DEET ADDDESS		PRESSWOOD DR					ADDOCCO	GREGOIRE, DAN 8948 OAKWOOD DRIVE
I	REET ADDRESS		ALES FL				3 STREET 4 CITY-S	ADDRÉSS	
<u> </u>	TY-ST-ZIP	ENIVE 11	THE TE			. 10	4 UII 7 - 5	1 - 211	LAKE WALES, FIORIDA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Blook 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed on printed himse of signing officer or director

March 19, 1996 941-696-1600

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