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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747839** **(9)**

1. Corporation Name

WALK-IN-WATER LAKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8854 OAKWOOD DRIVE LAKE WALES FL 33853	9330 PINETREE DR LAKE WALES FL 33853 US

3. Date Incorporated or Qualified: 06/28/1979

4. FEI Number: 59-2075837 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLING, ROSE MARIE
2467 LAKEFRONT DR
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Bacon, Marguerite W.
82 Street Address (P.O. Box Number is Not Acceptable): 9151 CYPRESSWOOD DR.
83:
84 City: LAKE WALES FL 85 Zip Code: 33853

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: Marguerite Bacon — 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BELDEN, ALLAN		1.2 NAME	WEIKEL, RAY	
STREET ADDRESS	9349 LEMON DR		1.3 STREET ADDRESS	8958 CYPRESSWOOD DR.	
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	LAKE WALES, FL. 33853	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, LINDA		2.2 NAME		
STREET ADDRESS	2545 LAKEFRONT DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KLING, ROSE MARIE		3.2 NAME		
STREET ADDRESS	2467 LAKEFRONT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOYER, GUSTAVE		4.2 NAME		
STREET ADDRESS	9036 CYPRESSWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KAVALECK, RICHARD		5.2 NAME		
STREET ADDRESS	8918 OAKWOOD DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	GREGOIRE, DAN		6.2 NAME	BACON, MARGUERITE	
STREET ADDRESS	8948 OAKWOOD DR		6.3 STREET ADDRESS	9151 CYPRESSWOOD DR	
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP	LAKE WALES, FL. 33853-7217	

CR2E037 (10/97)

14. 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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marguerite Bacon (MARGUERITE BACON) 4/6/98 941 696 3889