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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747839

1. Corporation Name

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

Principal Place of Business

~~8854 OAKWOOD DRIVE~~
~~LAKE WALES FL 33853~~
9330 PINETREE DR.
LAKE WALES, FL. 33853

Mailing Address

9330 PINETREE DR
LAKE WALES FL 33853
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/28/1979

4. FEI Number

59-2075837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BACON, MARGUERITE W.
9151 CYPRESSWOOD DR
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 W. Bacon

4/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **WEIKEL, RAY**
STREET ADDRESS **8958 CYPRESSWOOD DR**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **S** ☐ DELETE
NAME **ROGERS, LINDA**
STREET ADDRESS **2545 LAKEFRONT DR.**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☒ DELETE
NAME **KLING, ROSE MARIE**
STREET ADDRESS **2467 LAKEFRONT DR**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **V** ☒ DELETE
NAME **HOYER, GUSTAVE**
STREET ADDRESS **9036 CYPRESSWOOD DR**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **PD** ☒ DELETE
NAME **KVALECK, RICHARD**
STREET ADDRESS **8918 OAKWOOD DR.**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **TD** ☐ DELETE
NAME **BACON, MARGUERITE**
STREET ADDRESS **9151 CYPRESSWOOD DR**
CITY-ST-ZIP **LAKE WALES FL 33853**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **BRIDGES, HAROLD**
1.3 STREET ADDRESS **2470 LAKEFRONT DR.**
1.4 CITY-ST-ZIP **LAKE WALES, FL. 33853**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **CARR, ROBERT**
3.3 STREET ADDRESS **9540 PINETREE DR.**
3.4 CITY-ST-ZIP **LAKE WALES, FL. 33853**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DLUING, SHERRY**
4.3 STREET ADDRESS **2612 LAKEFRONT DR.**
4.4 CITY-ST-ZIP **LAKE WALES, FL. 33853**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DLEVINS, CLIFFORD**
5.3 STREET ADDRESS **2441 LAKEFRONT DR.**
5.4 CITY-ST-ZIP **LAKE WALES, FL. 33853**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Marguerite W. Bacon
MARGUERITE W. BACON
TREAS.

3/15/99

Date

941 696 3889
Daytime Phone #

CR2E037 (11/98)

0059032