2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90039 039 ****61.25

54024012

MOORE CR2E037 (11/03)

DOCUMENT # 747839

1. Entity Name

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

Principal Place of Business	Mailing Address
9330 PINE TREE DR LAKE WALES FL 33858 98 US	9330 PINETREE DR LAKE WALES FL 33858 98 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33698	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: same

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

City: FL 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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FREDERICK, JOHN 9180 CYPRESSWOOD DR LAKE WALES FL 33858 98	☐ Delete	D Leech, Chuck 9436 Pinetree Dr. Lake Wales, Fl. 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D'RUSSO, REGINA 9649 OAKWOOD DR LAKE WALES FL 33898-6223	☐ Delete	S Linda Rogers 2545 Lakefront Dr. Lake Wales, Fl. 33898	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FORMAZ, RICHARD 9310 LIME DR. LAKE WALES FL 33858 98	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, M.D. 9131 OAKWOOD DR LAKE WALES FL 33898	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORGEICH, SHEILA 9437 PINETREE DR LAKE WALES FL 33898	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BACON, MAGUERITE 9151 CYPRESSWOOD DR LAKE WALES FL 33858 98	☐ Delete		☐ Change ☐ Addition

12. 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 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: Marguerite Bacon MARGUERITE BACON 3/25/04 863 696 3889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #