FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90083 013 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 747839

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

40032964

Principal Place of Business	Mailing Address
9330 PINE TREE DR LAKE WALES, FL 33898 US	9330 PINE TREE DR LAKE WALES, FL 33898 US

03012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / 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	7. Name and Address of New Registered Agent
OSTL, ROSE T 9613 PINE TREE DR LAKE WALES, FL 33898	Name 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

Filing Fee is $61.25
Due by May 1, 2007

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 CRUMMEY, JOHN 2024 LEMON DR LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CRUMMEY, JOHN 2024 LEMON DR. LAKE WALES, FL. 33898	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS MARTIN, LINDA 2545 LAKEFRONT DR LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LEPPON, GINA 9560 PINETREE DR. LAKE WALES, FL. 33898	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORMAZ, RICHARD 9310 LIME DR LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FORMAZ, RICHARD 9310 LIME DR. LAKE WALES, FL. 33898	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANHOPE-BLANCHARD, ANDREA J "DEE" 9358 LEMON DR LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANHOPE-BLANCHARD, ANDREA J ~~9358~~ 9358 LEMON DR. LAKE WALES, FL. 33898	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEECH, CHUCK 9436 PINETREE DR LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LEECH, CHUCK 9436 PINETREE DR. LAKE WALES, FL. 33898	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BACON, MARGUERITE 9151 CYPRESSWOOD DR LAKE WALES, FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACON, MARGUERITE 9151 CYPRESSWOOD DR. LAKE WALES, FL. 33898	☒ Change ☐ Addition

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: Chuck Leech 3/7/07 863-696-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #