

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90045 049 \*\*\*\*61.25

**DOCUMENT # 747839**

1. Entity Name

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



Principal Place of Business

9330 PINE TREE DR  
LAKE WALES FL 33898  
US

Mailing Address

9330 PINE TREE DR  
LAKE WALES FL 33898  
US

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

1st MOORE

CR2E037 (10/07)

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

OSTL, ROSE T  
9613 PINE TREE DR  
LAKE WALES FL 33898

7. Name and Address of New Registered Agent

Name **LEECH, Chuck**  
Street Address (P.O. Box Number is Not Acceptable) **9436 Pinetree Dr**  
**Lake Wales, FL**  
City **FL** Zip Code **33898**

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

*Chuck Leech*

3/10/08

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

(NOTE: New Registered Agent signature must be on this statement)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

|                 |                                    |                                            |
|-----------------|------------------------------------|--------------------------------------------|
| TITLE           | VP                                 | <input checked="" type="checkbox"/> Delete |
| NAME            | CRUMMEY, JOHN                      |                                            |
| STREET ADDRESS  | 2024 LEMON DR                      |                                            |
| CITY - ST - ZIP | LAKE WALES FL 33898                |                                            |
| TITLE           | S                                  | <input checked="" type="checkbox"/> Delete |
| NAME            | ROGERS MARTIN, LINDA               |                                            |
| STREET ADDRESS  | 2545 LAKEFRONT DR                  |                                            |
| CITY - ST - ZIP | LAKE WALES FL 33898                |                                            |
| TITLE           | D                                  | <input type="checkbox"/> Delete            |
| NAME            | FORMAZ, RICHARD                    |                                            |
| STREET ADDRESS  | 9310 LIME DR                       |                                            |
| CITY - ST - ZIP | LAKE WALES FL 33898                |                                            |
| TITLE           | D                                  | <input type="checkbox"/> Delete            |
| NAME            | STANHOPE-BLANCHARD, ANDREA J "DEE" |                                            |
| STREET ADDRESS  | 9358 LEMON DR                      |                                            |
| CITY - ST - ZIP | LAKE WALES FL 33898                |                                            |
| TITLE           | D                                  | <input type="checkbox"/> Delete            |
| NAME            | LEECH, CHUCK                       |                                            |
| STREET ADDRESS  | 9436 PINETREE DR                   |                                            |
| CITY - ST - ZIP | LAKE WALES FL 33898                |                                            |
| TITLE           | P                                  | <input checked="" type="checkbox"/> Delete |
| NAME            | BACON, MARGUERITE                  |                                            |
| STREET ADDRESS  | 9151 CYPRESSWOOD DR                |                                            |
| CITY - ST - ZIP | LAKE WALES FL 33898                |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |                      |                                                                              |
|-----------------|----------------------|------------------------------------------------------------------------------|
| TITLE           | VP                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Eubanks, Chuck       |                                                                              |
| STREET ADDRESS  | 8881 Cypresswood Dr. |                                                                              |
| CITY - ST - ZIP | Lake Wales, FL 33898 |                                                                              |
| TITLE           | S                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Leddon, Gina         |                                                                              |
| STREET ADDRESS  | 9560 Pinetree Dr.    |                                                                              |
| CITY - ST - ZIP | Lake Wales, FL 33898 |                                                                              |
| TITLE           | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Taylor, Ray          |                                                                              |
| STREET ADDRESS  | 8919 Oakwood Dr.     |                                                                              |
| CITY - ST - ZIP | Lake Wales, FL 33898 |                                                                              |
| TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      |                                                                              |
| STREET ADDRESS  |                      |                                                                              |
| CITY - ST - ZIP |                      |                                                                              |
| TITLE           | T                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | LEECH, Chuck         |                                                                              |
| STREET ADDRESS  | 9436 Pinetree Dr     |                                                                              |
| CITY - ST - ZIP | Lake Wales, FL 33898 |                                                                              |
| TITLE           | P                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Formaz, Richard      |                                                                              |
| STREET ADDRESS  | 9310 Lime Dr         |                                                                              |
| CITY - ST - ZIP | Lake Wales, FL 33898 |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without the empowerment.

SIGNATURE:

*Chuck Leech*

3/10/08 863-696-0630