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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754851** (4)

1. Corporation Name

**WATERWOOD COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

**300 WATERWOOD DR.  
YALAHUA FL 34797**

Mailing Address

**300 WATERWOOD DR.  
YALAHUA FL 34797-3120**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**10/28/1980**

3a. Date of Last Report  
**04/16/1996**

4. FEI Number  
**59-2630867**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BROPHY, JOHN F  
103 WATERWOOD DRIVE  
YALAHUA FL 34797**

10. Name and Address of New Registered Agent

81 Name

**Miles, George**

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

**106 Timber Lane**

83

84 City

**Yalaha**

**FL**

85 Zip Code  
**34797**

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 **George Miles, President**

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

(NOTE: Registered Agent signature required when reinstating)

**4/18/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **BROPHY, JOHN F.**  
STREET ADDRESS **103 WATERWOOD DRIVE**  
CITY - ST - ZIP **YALAHUA FL**

TITLE **SD** ☒ DELETE  
NAME **HAIRE, JUDITH F**  
STREET ADDRESS **107 WATERWOOD DRIVE**  
CITY - ST - ZIP **YALAHUA FL**

TITLE **D** ☐ DELETE  
NAME **BITNER, LOIS H.**  
STREET ADDRESS **106 ACACIA POINT**  
CITY - ST - ZIP **YALAHUA FL**

TITLE **VD** ☒ DELETE  
NAME **FRY, MAURICE**  
STREET ADDRESS **103 ACACIA POINT**  
CITY - ST - ZIP **YALAHUA FL**

TITLE **VD** ☐ DELETE  
NAME **SMITH, PHYLLIS**  
STREET ADDRESS **108 GREENTREE LANE**  
CITY - ST - ZIP **YALAHUA FL**

TITLE **D** ☒ DELETE  
NAME **HAHN, MICHAEL**  
STREET ADDRESS **305 WATERWOOD DRIVE**  
CITY - ST - ZIP **YALAHUA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD Miles, George**  
1.3 STREET ADDRESS **106 Timber Lane**  
1.4 CITY - ST - ZIP **Yalaha, FL 34797-3117**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D Ceravolo, Norman**  
2.3 STREET ADDRESS **310 Waterwood Drive**  
2.4 CITY - ST - ZIP **Yalaha, FL 34797-3117**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **D English, Elizabeth**  
3.3 STREET ADDRESS **108 Waterwood Drive**  
3.4 CITY - ST - ZIP **Yalaha, FL 34797-3117**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D Schultz, Wilma**  
4.3 STREET ADDRESS **501 Waterwood Drive**  
4.4 CITY - ST - ZIP **Yalaha, FL 34797-3117**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **SD Whitaker, Mary**  
5.3 STREET ADDRESS **105 Timber Lane**  
5.4 CITY - ST - ZIP **Yalaha, FL 34797-3117**

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

14. I do 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:

**George Miles**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George Miles 4-18-97 352-324-3283**

Date

Daytime Phone # **0076803**

CP2E037 (9/96)