

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90105 044 ****61.25

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DOCUMENT # 754851

1. Corporation Name

WATERWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**300 WATERWOOD DR.
YALAH FL 34797**

Mailing Address

**300 WATERWOOD DR.
YALAH FL 34797**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/28/1980

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2630867

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILES, GEORGE
106 TIMBER LANE
YALAH FL 34797**

81 Name

MURRAY D. McMAHON

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

104 TIMBER LANE

83

84 City

YALAH 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

Murray D. McMahon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WHITAKER, M
105 TIMBER LN
YALAH FL 34797**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IVERSON, P
103 CLUSTERWOOD DR
YALAH FL 34797**

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENGLISH, ELIZABETH
108 WATERWOOD DRIVE
YALAH FL**

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

**D
DAVID WOLGAST
306 WATERWOOD DRIVE
YALAH, FL 34797**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, P
108 GREENTREE LN
YALAH FL 34797**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KILLIAN, D F
101 ACACIA POINT
YALAH FL 34797**

☐ DELETE

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

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Murray Whitaker 4-11-99 352-324-0571

Date

Daytime Phone #

CR2E037 (11/98)