

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90026 001 \*\*\*\*61.25

<b>DOCUMENT #758604</b> 1. Entity Name <b>WATERVIEW PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 US			Mailing Address 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 US		
2. Principal Place of Business <b>8300 Wiltshire Dr</b>		3. Mailing Address <b>8300 Wiltshire Dr</b>			
Suite, Apt. #, etc. <b>Suite 5</b>		Suite, Apt. #, etc. <b>Suite 5</b>			
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>		4. FEI Number <b>65-0030354</b>	
Zip <b>33981</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FULLENKAMP, DENNIS J</b> <b>2911 N.E. PINE ISLAND ROAD</b> <b>CAPE CORAL, FL 33909</b>			7. Name and Address of New Registered Agent Name <b>Cheyenne R Young</b> Street Address (P.O. Box Number is Not Acceptable) <b>21175 Olean Blvd</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33952</b>		
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 <u><i>Cheyenne R Young</i></u> <u><i>Cheyenne R. Young</i></u> <u>1/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND RD. CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Fran Colosimo 8300 Wiltshire Dr., Ste. 5 Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRANCH, WILLIAM D 5260 SOUTH LANDINGS DR, #1709 FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVD James Colosimo 8300 Wiltshire Dr., Ste. 5 Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEINSTEIN, PAUL 2631 S.E. 19TH AVE CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Chris Lee 8300 Wiltshire Dr. Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 it 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: <u><i>Fran Colosimo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Fran Colosimo</b> Date <u>1/19/2006</u> Daytime Phone #		