


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 758604		
1. Entity Name WATERVIEW PROPERTY OWNERS' ASSOCIATION, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 14 AM 10:33

Principal Place of Business 8300 WILTSHIRE DR PORT CHARLOTTE, FL 33981 US	Mailing Address 8300 WILTSHIRE DR PORT CHARLOTTE, FL 33981 US
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2. Principal Place of Business - No P.O. Box # 8282 Wiltshire Dr.	3. Mailing Address 8282 Wiltshire Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05072008 REIN-NP CR2E099 (1/07)

City & State Charlotte, FL	City & State Charlotte, FL
Zip 33981	Zip 33981
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0030354	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOUNG, CHEYENNE R 21175 OLEAN BLVD PORT CHARLOTTE, FL 33952	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
223 Taylor Street	
City Punta Gorda	Zip Code 33950

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 _____	DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COLOSIMO, FRAN 8300 WILTSHIRE DR, STE 5 PORT CHARLOTTE, FL 33981 <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	DVD COLOSIMO, JAMES 8300 WILTSHIRE DR, STE 5 PORT CHARLOTTE, FL 33981 <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	DS LEE, CHRIS 8300 WILTSHIRE DR PORT CHARLOTTE, FL 33981 <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
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REINSTATEMENT

B S/20/08  
07-08

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: Francis S. Colosimo 5/8/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

239-284-1657