

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1996 8:00 am
Secretary of State

DOCUMENT # 763597 (2)
1. Corporation Name
WIDE WATERS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3239 PERIMETER RD. 3239 PERIMETER RD.
PALM CITY FL 34990 PALM CITY FL 34990

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 City & State		27 City & State		59-2231179		Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
		30		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRAFT, ANNA C. 3239 PERIMETER RD. PALM CITY FL 34990				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	RONFELDT, NORMA O.	12 NAME	
STREET ADDRESS	2834 N.W. DOCKAGE WAY	13 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	
NAME	HATCH, ALTHALA	22 NAME	
STREET ADDRESS	3179 DOCKAGE WAY	23 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	
NAME	KRAFT, ANNA C.	32 NAME	
STREET ADDRESS	3239 PERIMETER RD.	33 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Anna C. Kraft 4/30/96 407 - 283-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)