FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:09

DOCUMENT # 769794 (9)

1. Corporation Name
WATERWOOD II PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1371 P.O. BOX 1371 HIGHLAND CITY FL 33846	P O BOX 1371 P.O. BOX 1371 HIGHLAND CITY FL 33846

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1983
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2479652 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STUTZMAN, KEN
6022 SOURWOOD WAY
BARTOW FL 33830

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	STUTZMAN, KEN	1.2 NAME	RICHARD D. HUPFER
STREET ADDRESS	6022 SOURWOOD WAY	1.3 STREET ADDRESS	4905 IRONWOOD TRAIL
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	BARTOW, FLA. 33830
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, CLINT	2.2 NAME	
STREET ADDRESS	6106 SOURWOOD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	POWELL, ANNE	3.2 NAME	POWELL, ANNE
STREET ADDRESS	5012 IRONWOOD TR	3.3 STREET ADDRESS	5012 IRONWOOD TRAIL
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	BARTOW, FLA 33830
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, SANDRA E.	4.2 NAME	
STREET ADDRESS	6106 SOURWOOD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	WICKMAN, JANET	5.2 NAME	JOHN KEYS
STREET ADDRESS	6028 SOURWOOD WAY	5.3 STREET ADDRESS	6016 SOURWOOD WAY
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	BARTOW, FLA. 33830
TITLE	VD	6.1 TITLE	D ☒ Change ☐ Addition
NAME	WICKMAN, ROBIN	6.2 NAME	DARRYL DOFFEY
STREET ADDRESS	6028 SOURWOOD WAY	6.3 STREET ADDRESS	6025 SOURWOOD WAY
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	BARTOW, FLA. 33830

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)(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: Clint Dobson - CLINT DOBSON 2/12/95 (813) 297-6895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097020