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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 769794

1. Corporation Name

WATERWOOD II PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

P O BOX 1371
P.O. BOX 1371
HIGHLAND CITY FL 33846

Mailing Address

P O BOX 1371
P.O. BOX 1371
HIGHLAND CITY FL 33846



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/11/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2479652

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUTZMAN, KEN
6022 SOURWOOD WAY
BARTOW FL 33830**

81 Name

Lisa Hall

82 Street Address (P.O. Box Number is Not Acceptable)
6116 Sweet Gum Run

83 **Bartow, FL 33830**

84 City **Bartow, FL 33830** 85 Zip Code **FL 33830**

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

Lisa Hall

Lisa Hall President

4-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HUPFER, RICHARD D**
STREET ADDRESS **4905 IRONWOOD TRAIL**
CITY-ST-ZIP **BARTOW FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DP** ☒ DELETE

NAME **DEBSON, C**
STREET ADDRESS **6106 SEAWOOD WAY**
CITY-ST-ZIP **BARTOW FL 32830**

2.1 TITLE ☐ Change ☒ Addition

TITLE **D** ☒ DELETE

NAME **ANDRAS, JOHN**
STREET ADDRESS **6112 SURWOOD WAY**
CITY-ST-ZIP **BARTOW FL**

2.2 NAME **Hall, Lisa**

TITLE **TD** ☐ DELETE

NAME **DOBSON, SANDRA E.**
STREET ADDRESS **6106 SOURWOOD WAY**
CITY-ST-ZIP **BARTOW FL**

2.3 STREET ADDRESS **6116 Sweet Gum Run**

TITLE **SD** ☒ DELETE

NAME **ANDRAS, BARBARA**
STREET ADDRESS **6112 SURWOOD WAY**
CITY-ST-ZIP **BARTOW FL**

2.4 CITY-ST-ZIP **Bartow, FL 33830**

TITLE **VD** ☐ DELETE

NAME **CRUM, G**
STREET ADDRESS **4916 IRONWOOD TR**
CITY-ST-ZIP **BARTOW FL 33830**

3.1 TITLE **V/D**

3.2 NAME **Bill Sammons**

3.3 STREET ADDRESS **4820 Ironwood Trail**

3.4 CITY-ST-ZIP **Bartow, FL 33830**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Rick Andrews**

4.3 STREET ADDRESS **4917 Ironwood Trail**

4.4 CITY-ST-ZIP **Bartow, FL 33830**

5.1 TITLE **SD** ☒ Change ☐ Addition

5.2 NAME **Dobson, Sandy**

5.3 STREET ADDRESS **6106 Sourwood Way**

5.4 CITY-ST-ZIP **Bartow, FL 33830**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **Crum, Greg**

6.3 STREET ADDRESS **4916 Ironwood Trail**

6.4 CITY-ST-ZIP **Bartow, FL 33830**

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:

Sandy Dobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandy Dobson, Sect/Trsr

4-1-99

Date

Daytime Phone #

CR2E037 (11/98)

0057916