

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769794

1. Entity Name

WATERWOOD II PROPERTY OWNER'S ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90035 013 ****61.25

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 33846-1371

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2479652	Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, LISA 6116 SWEET GUM RUN BARTOW FL 33830	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D HUPFER, RICHARD D 4905 IRONWOOD TRAIL BARTOW FL			
DP HALL, LISA 6116 SWEETGUM RUN BARTOW FL 32830			
VD SAMMONS, BILL 4820 IRONWOOD TRAIL BARTOW FL 33830			
STD DOBSON, SANDRA E. 6106 SOURWOOD WAY BARTOW FL			
D ANDREWS, RICK 4917 IRON WOOD TRAIL BARTOW FL 33830			
D CRUM, G 4916 IRONWOOD TR BARTOW FL 33830			

12. 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 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: Sandra E. Dobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 863-816-1610
Date Daytime Phone #

CR2E037 (9/99)