NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 90729 032 ****61.25

DOCUMENT # 769794

1. Entity Name
Waterwood II Property Owners's Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Bartow, FLorida	P.O. Box 883
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Highland City, FL
Zip / Country	Zip / Country: Polk

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2479652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Sandra E. Dobson

Street Address (P.O. Box Number is Not Acceptable): 6106 Sourwood Way

City: Bartow **FL** Zip Code: 33830

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: Sandra E. Dobson — Sandra E. Dobson — 5-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Hall, Lisa
STREET ADDRESS	6116 Sweetgum Run,
CITY-ST-ZIP	Bartowk FL 33830
TITLE	VD
NAME	Crum, Greg
STREET ADDRESS	4916 Ironwood TR,
CITY-ST-ZIP	Bartow, FL 33830
TITLE	STD
NAME	Dobson, Sandra, E
STREET ADDRESS	6106 Sourwood Way,
CITY-ST-ZIP	Bartow, FL 33830
TITLE	D
NAME	Hupfer,Richard D
STREET ADDRESS	4905 Ironwood Trail,
CITY-ST-ZIP	Bartow, FL 33830
TITLE	D
NAME	Andrews,Rick
STREET ADDRESS	4917 Ironwood Trail,
CITY-ST-ZIP	Bartow,FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra E. Dobson — 5-10-02 — 863-648-4940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sandra E. Dobson