2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 17, 2005 8:00 am Secretary of State **DOCUMENT #769794** 05-17-2005 90014 019 ****61.25 WATERWOOD II PROPERTY OWNER'S ASSOCIATION. Principal Place of Business Mailing Address PO BOX 883 PO BOX 883 HIGHLAND CITY, FL 33846 HIGHLAND CITY, FL 33846 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05122005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2479652 Applied For Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBSON, SANDRA E 6106 SOURWOOD WAY Street Address (P.O. Box Number is Not Acceptable) BARTOW, FL 33830 City Zip Code 8. The above named entity submits this statement (or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legistered agent. SIGNATURE (NCTE: Receivered Agent signature required when renetating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 7, 2005 П Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE Addition HUPFER, RICHARD D NAME MARKE STREET ADDRESS 4905 IRONWOOD TRAIL STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP Delete DTITLE THE ☐ Change TU Addition HAMER, JIM NAME Fitzhugh, Wayre STREET ADDRESS 6010 SOURWOOD WAY STREET ADDRESS 4923 Ironwood Trail CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP Bartow, FL 33830 Delete TITI F ☐ Change **Descrition** Simmons, Paul 2081 Sweet Leat Court DELLEDONNE, KEN NAME NAME STREET ADDRESS 5094 IRONWOOD TRAIL STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 COY-ST-ZIP Delete TITLE ΤD TITLE ☐ Change ☐ Addition DOBSON, SANDRA E. STREET ADDRESS 6106 SOURWOOD WAY STREET ADDRESS BARTOW, FL 33830 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Defete TITLE ☐ Change ☐ Addition STUTZMAN, LINDA NAME NAME STREET ADDRESS 6022 SOURWOOD WAY STREET ADDRESS CITY-ST-7P BARTOW, FL 33830 CITY - ST - 71P Delete D ☐ Change TITLE TITLE TUARRITION. POWELL, ANNE S Mason, Ed NAME NAME 5012 IRONWOOD TRAIL STREET ADDRESS 5932 Tronwood Trail Bartow FL 33830 STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP

FILED

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, wit

SIGNATURE: