

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90195 030 ****61.25

DOCUMENT # 769794					
1. Entity Name WATERWOOD II PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business PO BOX 883 HIGHLAND CITY, FL 33846			Mailing Address PO BOX 883 HIGHLAND CITY, FL 33846		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2479652	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBSON, SANDRA E 6106 SOURWOOD WAY BARTOW, FL 33830				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Sandra E Dobson</u> <u>Sandra E Dobson</u> <u>4-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUPFER, RICHARD D 4905 IRONWOOD TRAIL BARTOW, FL 33830 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZHUGH, WAYNE 4923 IRONWOOD TRAIL BARTOW, FL 33830 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, PAUL 5081 SWEET LEAF COURT BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOBSON, SANDRA E. 6106 SOURWOOD WAY BARTOW, FL 33830 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUTZMAN, LINDA 6022 SOURWOOD WAY BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, ED 5932 IRONWOOD TRAIL BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dobson, Albert C 6106 Sourwood Way Bartow, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mason, Ed 5932 Ironwood Way Bartow, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kristi Breed 6117 Sweet Gum Run Bartow, FL 33830				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.					
SIGNATURE: <u>Sandra E Dobson</u> <u>Sandra E Dobson</u> <u>4-24-06</u> <u>863</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					