

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769794

FILED  
Jul 13, 2008  
Secretary of State

**Entity Name:** WATERWOOD II PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6106 SOURWOOD WAY  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 883  
HIGHLAND CITY, FL 33846

**New Mailing Address:**

**FEI Number:** 59-2479652      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DOBSON, SANDRA E  
6106 SOURWOOD WAY  
BARTOW, FL 33830      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUPFER, RICHARD D  
Address: 4905 IRONWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830

Title: PD ( ) Delete  
Name: DOBSON, ALBERT C PRES  
Address: 6106 SOURWOOD WAY  
City-St-Zip: BARTOW, FL 33830

Title: VP ( ) Delete  
Name: SIMMONS, PAUL VP  
Address: 5081 SWEET LEAF CT  
City-St-Zip: BARTOW, FL 33830

Title: TD ( ) Delete  
Name: DOBSON, SANDRA E. TRSR  
Address: 6106 SOURWOOD WAY  
City-St-Zip: BARTOW, FL 33830

Title: SD ( ) Delete  
Name: STUTZMAN, LINDA SECT  
Address: 6022 SOURWOOD WAY  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: CAMPBELL, JIM  
Address: 6135 BLACK WALNUT DRIVE  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: HAMER, JIM PRES  
Address: 6010 SOURWOOD WAY  
City-St-Zip: BARTOW, FL 33830

Title: VP (X) Change ( ) Addition  
Name: DOBSON, ALBERT C PV  
Address: 6106 SOURWOOD WAY  
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change ( ) Addition  
Name: SIMMONS, PAUL  
Address: 5081 SWEET LEAF CT  
City-St-Zip: BARTOW, FL 33830

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA E DOBSON

TRSR

07/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date