

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004094

FILED
Feb 13, 2008
Secretary of State

Entity Name: WINK WATER MANAGEMENT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1100 FIFTH AVE SOUTH
STE 210
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 FIFTH AVE SOUTH
STE 210
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3660548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ITTNER, GARY E
1100 FIFTH AVE SOUTH
SUITE 210
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: PSTD () Delete
Name: HALVORSEN, JEFFREY R
Address: 33 S E 4TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33432

Title: VD () Delete
Name: ANZY, JERRY
Address: C/O 2125 FIRST ST.
City-St-Zip: FORT MYERS, FL 339020790

Title: D () Delete
Name: TACKETT, JACK O
Address: C/O 1100 FIFTH AVENUE, SUITE 210
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: RUSKAI, JOHN T
Address: 2328 HANCOCK BRIDGE PARKWAY, STE. 114
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARY ITTNER

VP

02/13/2008

Electronic Signature of Signing Officer or Director

Date