

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007241

1. Entity Name

WATER OAK HOMEOWNERS' ASSOCIATION OF MANATEE, IN C.

Principal Place of Business

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044

Mailing Address

~~814 6TH AVENUE WEST~~ 2180 West SR 434
~~BRADENTON FL 34205~~ Suite 5000
Longwood, FL.
32779-5044

2. Principal Place of Business

3. Mailing Address

2180 W. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 5000

City & State

City & State

LONGWOOD, FL

Zip

Country

Zip

Country

32779-5044

US

4. FEI Number

94-3395058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JR., JAMES W
% SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
STD
SCUSSEL, DAVID W
STREET ADDRESS 814 6TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
PD
WILLIAMS, LLOYD E JR
STREET ADDRESS 814 6TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
VPD
WILLIAMS, BRITTON H
STREET ADDRESS 814 6TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90041 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)