2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90021 020 ****61.25

DOCUMENT # N01000000184

1. Entity Name
THE SHORES AT WATERLEFE HOMEOWNERS ASSOCIATION, INC.

94017131

Principal Place of Business	Mailing Address
98 SARASOTA CENTER BOULEVARD SUITE D SARASOTA, FL 34240	98 SARASOTA CENTER BOULEVARD SUITE D SARASOTA, FL 34240

02062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1107150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EPPARD, WALT
98 SARASOTA CENTER BOULEVARD
SUITE D
SARASOTA, FL 34240

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EPPARD, WALT
STREET ADDRESS	98 SARASOTA CENTER BOULEVARD #D
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	EPPARD, RENE
STREET ADDRESS	98 SARASOTA CENTER BOULEVARD #D
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	MCNABB, DAVID S
STREET ADDRESS	98 SARASOTA CENTER BOULEVARD #D
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Walt Eppard 2/11/04 941-379-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #