FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01298 (1)

1. Corporation Name

WATER-OAKS REGATTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
612 REGATTA CIRCLE NICEVILLE FL 32578	612 REGATTA CIRCLE NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1984
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2390022 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SANDERS, BRIAN C.
171 C EGLIN PARKWAY NE
FT WALTON BCH. FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BARNEBEY, WARREN	1.2 NAME	Arguellas, Sue
STREET ADDRESS	804 REGATTA DR	1.3 STREET ADDRESS	404 Regatta
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	Niceville FL 32578
TITLE	D V	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	SHORTT, ROBERT	2.2 NAME	Barneby Warren
STREET ADDRESS	306 REGATTA DRIVE	2.3 STREET ADDRESS	804 Regatta
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	Niceville FL 32578
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	ARGUELLAS, SUE	3.2 NAME	LOUIS RUPPERT
STREET ADDRESS	404 REGATTA CIR	3.3 STREET ADDRESS	410 REGATTA
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DT	4.1 TITLE	T ☒ Change ☐ Addition
NAME	KINSLER, JOAN	4.2 NAME	Buhr Joseph
STREET ADDRESS	300 REGATTA DRIVE	4.3 STREET ADDRESS	606 Regatta
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	Niceville FL
TITLE	S	5.1 TITLE	Kane Vincent ☒ Change ☐ Addition
NAME	DIETZ, JAMES	5.2 NAME	
STREET ADDRESS	706 REGATTA DR	5.3 STREET ADDRESS	604 Regatta
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	Niceville FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH P. BUHR 1-17-95 904-678-2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER

0072435