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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N01298 (1)
1. Corporation Name
WATER-OAKS REGATTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**612 REGATTA CIRCLE
NICEVILLE FL 32578**

Mailing Address
**612 REGATTA CIRCLE
NICEVILLE FL 32578-2441**

3. Date Incorporated or Qualified
02/08/1984

3a. Date of Last Report
02/27/1996

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHNER, BUD	1.2 NAME	
STREET ADDRESS	108 REGATTA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLORAN, ELIZABETH	2.2 NAME	
STREET ADDRESS	1009 REGATTA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, FRANCINE	3.2 NAME	DARYL SLINKARD
STREET ADDRESS	602 REGATTA	3.3 STREET ADDRESS	206 REGATTA DR
CITY - ST - ZIP	NICEVILLE FL	3.4 CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUHR, JOSEPH	4.2 NAME	JOHN J. FOX
STREET ADDRESS	508 REGATTA	4.3 STREET ADDRESS	204 REGATTA DR
CITY - ST - ZIP	NICEVILLE FL	4.4 CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, VINCENT	5.2 NAME	WARREN BARBOBY
STREET ADDRESS	804 REGATTA	5.3 STREET ADDRESS	804 REGATTA DR
CITY - ST - ZIP	NICEVILLE FL	5.4 CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **April 2, 1997** 578-9457
Daytime Phone # **0074620**

CR2E037 (9/96)