

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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

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

3. Date Incorporated or Qualified
02/08/1984

4. FEI Number
59-2390022

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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| 9. Name and Address of Current Registered Agent SANDERS, BRIAN C. 171 C EGLIN PARKWAY NE FT WALTON BCH. FL 32548 |
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|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOEHNER, BUD | 1.2 NAME | H.D. PRUETT |
| STREET ADDRESS | 108 REGATTA | 1.3 STREET ADDRESS | 610 REGATTA DR |
| CITY - ST - ZIP | NICEVILLE FL | 1.4 CITY - ST - ZIP | NICEVILLE, FL. 32578 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALLORAN, ELIZABETH | 2.2 NAME | FRED SJOSTROM |
| STREET ADDRESS | 1009 REGATTA | 2.3 STREET ADDRESS | 900 REGATTA DR |
| CITY - ST - ZIP | NICEVILLE FL | 2.4 CITY - ST - ZIP | NICEVILLE, FL. 32578 |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLINKARD, DARYL | 3.2 NAME | |
| STREET ADDRESS | 206 REGATTA DR. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOX, JOHN J | 4.2 NAME | |
| STREET ADDRESS | 208 REGATTA DR. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 4.4 CITY - ST - ZIP | |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNBEY, WARREN | 5.2 NAME | BRUCE FISTER |
| STREET ADDRESS | 804 REGATTA DR. | 5.3 STREET ADDRESS | 400 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED **4-7-98** **840 678-2183**

CR2E037 (10/97)