

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01298**

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90014 047 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/08/1984

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2390022

Applied For

Not Applicable

22 City & State

27 City & State

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

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **D** ☐ DELETE
NAME **PRUETT, H D**
STREET ADDRESS **610 REGATTA DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **JOAN SAMPERE**
1.3 STREET ADDRESS **1006 REGATTA DR**
1.4 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **S** ☒ DELETE
NAME **SJOSTROM, FRED**
STREET ADDRESS **900 REGATTA DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **ROBYN EASTON**
2.3 STREET ADDRESS **208 REGATTA DR**
2.4 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **P** ☒ DELETE
NAME **SLINKARD, DARYL**
STREET ADDRESS **206 REGATTA DR.**
CITY-ST-ZIP **NICEVILLE FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **GENE ELLER**
3.3 STREET ADDRESS **1004 REGATTA DR**
3.4 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **DT** ☒ DELETE
NAME **FOX, JOHN J**
STREET ADDRESS **208 REGATTA DR.**
CITY-ST-ZIP **NICEVILLE FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **RICHARD KARSTEN**
4.3 STREET ADDRESS **902 REGATTA DR**
4.4 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **DV** ☐ DELETE
NAME **FISTER, BRUCE**
STREET ADDRESS **400 REGATTA DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

ROBYN EASTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 Apr 99 850-654-5777

CR2E037 (1/198)