2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000006231

1. Entity Name
WATERSIDE CLUB GARAGES AT HERITAGE OAK PARK



FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90382 034 ****61.25

ASSOCIATION, INC.

Mouring Activenes 1933S WARR ON R 1933S WA				1				
G-103 PORT CHRROTTE, FL 33948 2. Principal Proce of IBusiness 1. Mailing Address 2. Principal Proce of IBusiness 1. Mailing Address 2. Principal Proce of IBusiness 1. Mailing Address 2. Principal Process 2. Martin County 2. Martin County 2. Martin County 3. Martin County 3. Martin and Address of New Register Agent 2. Principal Process 3. Martin County 3. Martin County 3. Martin County 3. Martin County 4. FE Named County 4. FE	Principal Plac	e of Business	Mailing Address					
PORT CHARLOTTE, PL 33948 PORT CHARLOTTE, PL 33948 2. Principal Places of Business 1/9 3_2 S_WATER_OAK D.N. 19.32.S_WATER_OAK D.N. Suite, April, Falls. LIMIT JOS ULASIT J		ROAK DR	19335 WAER OAK DR			5	0010101	
2. Principal Place of Business 1.9.3.2.5. WATER OAK DR 1.9.3.5. WATER OAK DR 1.9.4.5. WATER OAK DR 1.9.4. EN Humber 2.0.00100040 1. Name and Address of Current Registered Agent 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Inst Applicables 2.0. County 3.3.9.4.5. Certificate of Status Desired Agent 2.0. County 3.3.9.4.5. Certificate of Status Desired Agent 2.0. County 3.3.9.4.5. Certificate of Status Desired Agent 3.0. Certificate		OTTC 51 22040		2040	j	J	AATATAT	
19 3 2 WATER OAK DR 19 32 WATER OAK DR 19 32 Water oak DR Water oak	PURI CHAKE	U11E, FL 33948	PURI CHARLUTTE, FL 33	3948	1 (02)(06) 411 (A KIFA I INKA MWALA MWALA MWALA	. 	CUTANT TO LANGE
19 3 2 WATER OAK DR 19 32 WATER OAK DR 19 32 Water OAK DR 10 Water OAK DR 10 Water OAK DR 10 Water OAK DR Water OAK	2 Principal P	lace of Rusiness	3 Mailing Address					
Suite, Apt. 4 etc. UNIT JOS City & State Country 29 Country 33 948 Charlotte FL.				ED ANK		ENSKIR (ANSA MBANT MBISH MBITA BEFT	A BERARD BEAAU ELUBEN HENT IN	eleni bi irat
CONSTRUCTION TO NA STATE DO NA STATE DO NA STATE DO NA STATE T. AFEN Number COUNTY TO NATION SECURITY TO NATION			Suite Ant # etc					
COV & State Applied For Ap			11NIT 208	7	01002000	Chg-NP C	R2E037 (11/05)	
Country Coun	City & State	9	City & State	··· · · <u></u> ··			A	oplied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Step Agent 8. The Agent Name and Address of New Registered Agent 8. Step Agent 8. The Agent Name and Agent Name and Agent Name and Agent Name and Agent Name 8. Step Agent Name 8	PORT C	HARLOTTE FL.	HORT CHARLO	ITE 1	FL 20-0010	0040	No.	ot Applicable
8. The above named entity submits this applement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered approximately the obligations of registered approximately the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately to the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately the first with and accept the obligations of registered approximately approximately the first with and accept the first with and accept the first with accept approximately approximately approximately approximately approximately approximately approximately approximately approximately app	Zip				5. Certificate	of Status Desired		
SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236 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 colligations of registered agent. FL 2539 498 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 colligations of registered agent. FL 2539 498 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 collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions. FILIP STATE AGENTS OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Added to Fees Plorida Department of State Addition. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Added to Fees Plorida Department of State Addition. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	<u> 1374</u>			THATILOT	1 E -		Fee Require	d
SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236 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 colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the Stat		6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New Regis	itered Agent	
SIGNATURE TERM Lowers Repaired agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered depict or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered depict or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Cepture of State of Florida Ce	SEIDER, V	MLLIAM M		Name	BERY L.	DW ENS		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the familiar wit				Street A	ddress (P.O. Box Numbe	r is Not Acceptable)	A 4 12 1 1 1	_
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	SARASOT	A, FL 34236		<u> </u>	7520 42	RAGE C	ME.BLV	<i>o</i> ,
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature		•		<u></u>				
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 Forda. I am familiar with, and accept the obligations of registered agent and state of Forda. I am familiar with, and accept the obligations of registered agent and state. TEREY				City	T PUADIATI	~6	FI Zip Cod	340
SIGNATURE Signature typed or (free former of registered agent, including a special production) Filling Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE BURTON, RONERT E BURTON, RONERT E BURTON, RONERT E BURTON, RONERT E BURTON, BURTON, BURTON B	8. The above	named entity submits this statement for	the purpose of changing its re					and accept
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE BURTON, RONERT E BURTON			ine purpose of origing its re	gialored office of	registered agent, or bott	ii, iii iire blale ol i kolloa	. I com reamined which	and accept
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE BURTON, RONERT E BURTON								,
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE PUTCH REPORT E SUBJECT OFFICERS AND DIRECTORS IN 10 ITTLE ITTLE STEET ADDRESS IN STREET ADDRESS	SIGNATURE :	1) and Can	- TERRY	L. Owe	res PROPIL	ETY MGR.	4/20/0	26
Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or whited name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signat	ure required when reinstating)		DATE	
Trust Fund Contribution. Added to Fees Florida Department of State		FW F 1- 464 05	0 Floation Comp	olgo Financina	45.00	Maka	abaak aasabta t	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREETADORESS TITLE VORTON, RONERT E STREETADORESS CITY-ST-ZIP TITLE NAME STREETADORESS CITY-ST-ZIP TITLE		<u> </u>	,			6		
TITLE P BURTON, RONERT E STREET ADDRESS 19335 WATER OAK DR #6103 STREET ADDRESS 19355 WATER OAK DR #	10		COTOR	1 44			·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST		,	<u> </u>			ANGES TO OFFICERS A		
CITY-ST-ZIP PORT CHARLOTTE, NC 33948 CITY-ST-ZIP PORT CHARLOTTE FL 33940 CITY-ST-ZIP PORT CHARLOTTE FL 33940 CITY-ST-ZIP CHARLOTTE FL 33940 CHARLOTTE FL 33940 CITY-ST-ZIP CHARLOTTE FL 33940 CHARLOTTE FL		[·	Lienens		TOTERIOR	CTAINEU		M VOOITION
CITY-ST-ZIP PORT CHARLOTTE, NC 33948 CITY-ST-ZIP PORT CHARLOTTE FL 33940 CITY-ST-ZIP PORT CHARLOTTE FL 33940 CITY-ST-ZIP CHARLOTTE FL 33940 CHARLOTTE FL 33940 CITY-ST-ZIP CHARLOTTE FL 33940 CHARLOTTE FL		l	*		102/5 11107	FER OAK DR		
TITLE NAME HORTON, JOHN STREET ADDRESS 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 OTY-ST-ZP PORT CHARLOTTE, FL 33949 OTY-ST-ZP PORT CHARLOTTE, FL 33940 OTY-ST-ZP ORT CHARLOTTE, FL 33940 OTT-ST-ZP ORT CH	CITY-ST-ZIP				1 7 3 14 3 W/m			
NAME STREET ADDRESS CITY-ST-ZIP FORT CHARLOTTE, FL 33948 CITY-ST-ZIP FORT CHARLOTTE, FL 33940 CITY-ST-ZIP FORT CHARLOTTE,		PORT CHARLOTTE, NC 33948		*	_			
STREET ADDRESS 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP PORT CHARLOTTE FL 339418 CITY-ST-ZIP PORT CHARLOTTE FL 339418 CITY-ST-ZIP PORT CHARLOTTE FL 339418 CITY-ST-ZIP PORT CHARLOTTE, FL 33940 CITY-ST-ZIP CHARLOTTE FL 339418 CITY-	TITLE	<u> </u>	₩ ∩elota	CITY-ST-ZIP	PORT CHARL		33948	NA Addition
TITLE ST		V	⊠ Delete	CITY-ST-ZIP TITLE	PORT CHARL	OTTE FL	33948	∑ Addition
TITLE ST	NAME	V HORTON, JOHN	⊠ Delete	CITY-ST-ZIP TITLE NAME	PORT CHARLES T	LIN	33948 □ Change	∫X Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	V HORTON, JOHN 19335 WATER OAK DR	⊠ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	PORT CHARL ST ANITA CAT 19325 WAT	LIN ER OAR DR	33948 □ Change ± 208	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLES T ANITA CAT 1932S WAT PORT CHA	LIN ER OAR DR	33948 □ Change 廿 208 └ 3394	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 ST		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARL ST ANITA CAT 19325 WAT PORT CHA -D- SCHULTZ. J	LIND ER OAK DR RLOTTE F	33948 □ Change 廿 208 └ 3394	8
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIPTITLE NAME	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE- NAME	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA -D- SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change ± 208 1 3394 ■ Change	S Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA -D- SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change ± 208 1 3394 ■ Change	S Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Ociete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948	S Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Ociete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948	S Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Ociete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948	S Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete ——————————————————————————————————	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 = 3394 # 206 = 33948 □ Change	Addition Addition
CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete ——————————————————————————————————	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 = 3394 # 206 = 33948 □ Change	Addition Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete ——————————————————————————————————	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 = 3394 # 206 = 33948 □ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete ——————————————————————————————————	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 = 3394 # 206 = 33948 □ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 □ Change # 206 □ Change	Addition Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 □ Change # 206 □ Change	Addition Addition
	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA-D-SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 □ Change # 206 □ Change	Addition Addition
	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, JOHN 19335 WATER OAK DR PORT CHARLOTTE, FL 33948 .ST SHOLTZE, JOSEPH 19314 WHITE OAKS DR 206	Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT CHARLEST ANITA CAT 19325 WAT PORT CHA -D- SCHULTZ, J 19345 WAT	LIN ER OAK DR RLOTTE F TOSEPH ER OAK DR	33948 □ Change # 208 □ Change # 206 □ Change	Addition Addition

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.

JOSEPH A. SCHUCTZ

SIGNATURE:

TOSEAN CI, PURCLET, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-20-06

625-3895 Daytime Phone #