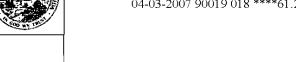
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N03000007339 1. Entity Name WATERWAY PATIO HOMES CONDOMINIUM ASSOCIATION, INC., PHASE II Mailing Address



FILED Apr 03, 2007 8:00 am Secretary of State

04-03-2007 90019 018 ****61.25



r inicipal made of business		Mailing Address					
6349 SAGEWOOD LANE SEBRING FL 33876		PO BOX 65 LORIDA FL 33857					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			DDIBD IKLI BBIJI BBIJI BBIJI BBIJI BBIJI	11115	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MO	1st MOORE CR2E037 (10/06)		
City & State		City & State		4. FEI Number	6-2400008	⊢	pplied For
Zip	Country	Zip Country			5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	Agent	
BROWER, MARIE A 6349 SAGEWOOD LANE SEBRING FL 33876			Name Street A				
			City		FL	Zip Cod	o c
8. The above the obligate SIGNATURE	named entity submits this statement fi ions of registered agent.					familiar with,	and accept
	Signature, typed or printed name of registered agen	i and litte it applicable. [NO1].	. Registered Agent signal	ure required when re-ristating)	DATE		
1	FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	10
TILLE	PD	☐ Delete	DILL	PO		✓ Change	Addition
NAME	WILLIARD, DAVID		NAMI	Willard DAVID	. A		
STREET ADDRESS	203 CLUBHOUSE COURT		STREET ADORESS	203 Clubhouse L	- 5 7 /		
CHY-SI-ZIP	SEBRING FL 33876		CITY ST 7IP	Sebring FL 3.	38 76		
TOTE	VPD	☐ Delete	THE			☐ Change	Addition
NAMI.	BOHANON, LUTHER		N/MI-				
STREET ADDRESS	220 CLUBHOUSE COURT		STREET ADDRESS				
CITY-ST-ZIP	SEBRING FL 33876		CITY+ST+ZIP				
HILL	STD						
NAMI		☐ Defete	HDF			☐ Change	Addition
	SINK, JACK	☐ Delete	NAME			☐ Change	Addition
STREET ADDRESS	SINK, JACK 224 POINT PLACE	Delete	NAME STREET ADDRESS			☐ Change	Addition
STREET ADDRESS CITY ST-7IP	SINK, JACK 224 POINT PLACE ATHENS GA 30605		NAME STREET ADDRESS CHY ST ZIP	:			
STREET ADDRESS CITY ST-7/P	SINK, JACK 224 POINT PLACE ATHENS GA 30605	□ Delete	NAME STREET ADDRESS CITY ST 7IP			☐ Change	Addition
STREET ADDRESS CHY ST-7IP TITLE NAME -	SINK, JACK 224 POINT PLACE ATHENS GA 30605 D YODER, KEITH		NAME STREET ADDRESS CDY SE ZIP TITLE NAME				
STREET ADDRESS CHY ST-ZIP TITLE NAME - STREET ADDRESS	SINK, JACK 224 POINT PLACE ATHENS GA 30605 D YODER, KEITH 1672 EMERSON DR. SE		NAME STREET ADDRESS CHY SE ZIP TITLE NAME STREET ADDRESS				
STREEF ADDRESS CHY SI-ZIP HITH NAME - STREEF ADDRESS CHY SI-ZIP	SINK, JACK 224 POINT PLACE ATHENS GA 30605 D YODER, KEITH 1672 EMERSON DR. SE PALM BAY FL 32909	☐ Defete	NAME STREET ADDRESS CHY ST ZIP THTE NAME STREET ADDRESS CHY ST ZIP			☐ Change	☐ Addition
STREET ADDRESS CHY SI-ZIP HELL NAME STREET ADDRESS CHY SI-ZIP HILE	SINK, JACK 224 POINT PLACE ATHENS GA 30605 D YODER, KEITH 1672 EMERSON DR. SE PALM BAY FL 32909 D		NAME STREET ADDRESS CHY ST ZIP THE NAME STREET ADDRESS CHY ST ZIP THE				
STREET ADDRESS CITY ST-ZIP HELL NAME - STREET ADDRESS CITY ST-ZIP THEF NAME	SINK, JACK 224 POINT PLACE ATHENS GA 30605 D YODER, KEITH 1672 EMERSON DR. SE PALM BAY FL 32909 D BURGOYNE, JOSEPH R	☐ Defete	NAME STREET ADDRESS CHY ST ZIP THE NAME STREET ADDRESS CHY ST ZIP THE NAME			☐ Change	☐ Addition
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STREET ADDRESS CHY ST-ZIP HELL NAME - STREET ADDRESS CHY ST-ZIP THEF NAME STREET ADDRESS CHY ST-ZIP	SINK, JACK 224 POINT PLACE ATHENS GA 30605 D YODER, KEITH 1672 EMERSON DR. SE PALM BAY FL 32909 D BURGOYNE, JOSEPH R	☐ Delele	NAME STREET ADDRESS CITY SEZIP TITLE NAME STREET ADDRESS CITY SEZIP THE NAME STREET ADDRESS CITY SEZIP			☐ Change	Addition Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 eath, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard DAVID PD

Date

863-655-2946 3-22-2007

Daytime Phone #