


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90036 046 \*\*\*\*61.25

<b>DOCUMENT # N03000008122</b>	
1. Entity Name <b>WCR PROPERTY OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>7655 SPARTA ROAD SEBRING, FL 33875</b>	Mailing Address <b>7655 SPARTA ROAD SEBRING, FL 33875</b>
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**34047753**

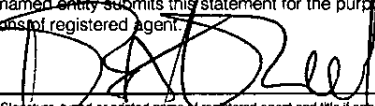
2. Principal Place of Business <b>2918 SPARTA RD</b>	3. Mailing Address <b>2918 SPARTA RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>SEBRING, FL</b>	City & State <b>SEBRING, FL</b>
Zip <b>33875</b> Country <b>USA</b>	Zip <b>33875</b> Country <b>USA</b>



04062004 Chg-NP CR2E037 (10/03)

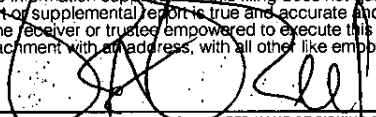
4. FEI Number <b>13-4263808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>REED, ROBIN A 7655 SPARTA ROAD SEBRING, FL 33875</b>		7. Name and Address of New Registered Agent Name <b>REED, ROBIN A</b> Street Address (P.O. Box Number is Not Acceptable) <b>2745 TREASURE CAY LN</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33875</b>	
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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 obligations of registered agent.	
SIGNATURE 	DATE <b>4-6-04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REED, ROBIN A 2745 TREASURE CAY LANE SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FUTCH, JEFFREY E 1233 EDGEWATER POINT DR SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, KIMBERLY B 2745 TREASURE CAY LANE SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.	
SIGNATURE: 	Date <b>4-6-04</b> Daytime Phone # <b>863 471-9354</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	