


**2007 NOT-FOR-PROFIT CORPORATION.
ANNUAL REPORT (AR)**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90205 031 ****70.00

DOCUMENT # N03000009075			
1. Entity Name WATERVIEW HOMES PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 161 WATERVIEW CIR. AUBURNDALE FL 33823		Mailing Address 161 WATERVIEW CIR. AUBURNDALE FL 33823	
2. Principal Place of Business - No P.O. Box # 326 Waterview Cir Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State Auburndale Fl		City & State	
Zip 33823		Country us America!	
4. FEI Number 59-3557551		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHEWS, WESLEY 237 WATERVIEW CIR AUBURNDALE FL 33823		7. Name and Address of New Registered Agent Name Barbara Elaine Casey Street Address (P.O. Box Number is Not Acceptable) 111 Waterview Circle City Auburndale FL Zip Code 33823	
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 <u>Barbara Elaine Casey</u>		DATE <u>4/16/07</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, DON 226 WATERVIEW CIR AUBURNDALE FL 33823 <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	DT OULMAN, ROSILAND 161 WATERVIEW CIR AUBURNDALE FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Christine Frazier 326 Waterview Cir Auburndale, FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMCH, JOHN 166 WATERVIEW CR AUBURNDALE FL 33823 <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 FREEMAN, JENNIFER 209 WATERVIEW CIR AUBURNDALE FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tim Hofer 220 Waterview Circle Auburndale FL 33823 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMAN, RHONDA 184 WATERVIEW CR AUBURNDALE FL 33823 <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	VP CASEY, BARBARA E 111 WATERVIEW CR AUBURNDALE FL 33823 <input checked="" 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 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 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: Christine Frazier DATE: 4-16-07