


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90040 012 \*\*\*\*61.25

<b>DOCUMENT # N03000009075</b>					
1. Entity Name WATERVIEW HOMES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 226 WATERVIEW CIR AUBURNDALE, FL 33823			Mailing Address 226 WATERVIEW CIR AUBURNDALE, FL 33823		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3557551	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASEY, BARBARA E 111 WATERVIEW CIRCLE AUBURNDALE, FL 33823			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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	D	<input type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZIER, DON		NAME	Thomas, Heath	
STREET ADDRESS	226 WATERVIEW CIR		STREET ADDRESS	172 Waterview Cir	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZIER, CHRISTINE		NAME	WilKerson, John, Jr.	
STREET ADDRESS	226 WATERVIEW CIR		STREET ADDRESS	148 Waterview Cir	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMCH, JOHN		NAME	Williams, Dennis	
STREET ADDRESS	166 WATERVIEW CR		STREET ADDRESS	343 Medora Street	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFER, TIM		NAME	Casey, Barbara	
STREET ADDRESS	220 WATERVIEW CIRCLE		STREET ADDRESS	111 Waterview Circle	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMAN, RHONDA		NAME		
STREET ADDRESS	184 WATERVIEW CR		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Barbara Elaine Casey</i>		Date: <i>1/20/08</i>		Daytime Phone #: <i>863-965-1046</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	