## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N03000009075

1. Entity Name
WATERVIEW HOMES PROPERTY OWNERS



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

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

ASSOCIA	ATION, INC.			<b>/</b>				
226 WATERVIEW CIR 22		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.		01192008 CI	hg-NP CR2E0	37 (12/06)		
City & State		City & State		4. FEI Number 59-355755	51	<del></del>	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CASEY, BARBARA E			Name	Name				
111 WATERVIEW CIRCLE AUBURNDALE, FL 33823		<b>,</b> 1. 1	Street Address		Not Acceptable)			
	*	3						
			City		FI	Zip Code	e	
	<ul> <li>named entity submits this statement for tions of registered agent.</li> </ul>	the purpose of changing its re	gistered office or registe	ered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
the obligat	nona or registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent's	and trie if applicable. (NOTE: R	legistered Agent signature require	ed when remstating)	DATE		··	
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign I Trust Fund Contribu				\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to		
10.	· · · · · · · · · · · · · · · · · · ·							
	OFFICERS AND DIE	RECTORS	<b>I</b> 11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	OFFICERS AND DIF	ECTORS Delete	11.	ADDITIONS/CHANG	L ES TO OFFICERS AND D	IRECTORS IN	10 Addition	
	1	<u></u>	TITLE V	romas. Ho	ath			
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Thereby 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.

08 863-965-1046 Cose