2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000009217

1. Entity Name
WATERBRIDGE HOMEOWNERS' ASSOCIATION, INC.

FILED
05 JAN -3 AM 10: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
~~1560 ORANGE AVE~~ 17126 TURNING OAKS BEND ~~WINTER PARK, FL 32789~~ LUTZ, FL 33549	~~1560 ORANGE AVE~~ 17126 TURNING OAKS BEND ~~WINTER PARK, FL 32789~~ LUTZ, FL 33549

2. Principal Place of Business	3. Mailing Address
17126 TURNING OAKS BND	17126 TURNING OAKS BND
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FLORIDA	City & State: LUTZ, FLORIDA
Zip: 33549 Country: USA	Zip: 33549 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUVIL, JONATHAN L ESQ 37837 MERIDIAN AVE STE 314 DADE CITY, FL 33525	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: THOMAS S. LIEBRECHT, DIRECTOR DATE: 11/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 STAUDUHAR, WILLIAM P 1560 ORANGE AVE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 400043798934 01/03/05--01025--019 **61.25	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIENRECHT, THOMAS S 318 WHITAKER RD LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIEBRECHT, THOMAS S. 17126 TURNING OAKS BND LUTZ, FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, STEWART G 4102 CAUSEWAY BLVD TAMPA, FL 33619	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CULBREATH, MARK P.O. BOX 86 LUTZ, FL 33548-0086	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: THOMAS S. LIEBRECHT, DIRECTOR 11/28/04 813-909-9644 ext. 28
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #