

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009217

FILED
Jul 06, 2005
Secretary of State

Entity Name: WATERBRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

17126 TURNING OAKS BLVD.
LUTZ, FL 33549

New Principal Place of Business:

17126 TURNING OAKS BEND
LUTZ, FL 33549

Current Mailing Address:

17126 TURNING OAKS BLVD.
LUTZ, FL 33549

New Mailing Address:

17126 TURNING OAKS BEND
LUTZ, FL 33549

FEI Number: 20-2080737 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AUVIL, JONATHAN L ESQ
37837 MERIDIAN AVE STE 314
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

LIEBRECHT, THOMAS S
17126 TURNING OAKS BEND
LUTZ, FL 33549 US

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.

SIGNATURE: THOMAS S LIEBRECHT

07/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAUDUHAR, WILLIAM P
Address: 1560 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: LIENRECHT, THOMAS S
Address: 17126 TURNING OAKS BLVD.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: CULBREATH, MARK
Address: POST OFFICE BOX 86
City-St-Zip: LUTZ, FL 335480086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLTHOFF, STEVEN G
Address: 4126 DELLBROOK DR
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: LIEBRECHT, THOMAS S
Address: 17126 TURNING OAKS BEND
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S LIEBRECHT

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07/06/2005

Electronic Signature of Signing Officer or Director

Date