


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009217	
1. Entity Name WATERBRIDGE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 17126 TURNING OAKS BEND LUTZ, FL 33549	Mailing Address 17126 TURNING OAKS BEND LUTZ, FL 33549
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02232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2080737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIEBRECHT, THOMAS S 17126 TURNING OAKS BEND LUTZ, FL 33549
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

00000447933
03/08/06-80078-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLTHOFF, STEVEN G 4126 DELLBROOK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBRECHT, THOMAS S 17126 TURNING OAKS BEND LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULBREATH, MARK POST OFFICE BOX 86 LUTZ, FL 335480086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  **THOMAS S LIEBRECHT** **2/23/06** **813-909-9174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #