


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 014 ****61.25

DOCUMENT # N04000008944	
1. Entity Name THE LANDINGS AT WATERLEFE PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573
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50033487



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number 55-0885116	Applied For <input type="checkbox"/> Not Applicable
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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	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, JR., R.C.	NAME	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESEL, MICHAEL	NAME	DVP AMAN, ROGER
STREET ADDRESS	24201 WALDEN CENTER DRIVE, SUITE 206	STREET ADDRESS	2020 CLUBHOUSE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, SYLVIA	NAME	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	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	
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	
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 exemption stated in Section 119.07(3)(j), 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: Sylvia Keith **SYLVIA KEITH** 3/31/05 813-642-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #