2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90327 002 ****61.25 DOCUMENT # N04000008944 THE LANDINGS AT WATERLEFE PROPERTY OWNERS ASSOCIATION, INC. 40022022 Principal Place of Business Mailing Address 2020 CLUBHOUSE DRIVE 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 55-0885116 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE, SUITE 300 Street Address (P.O. Box Number is Not Acceptable) BONITA SPRINGS, FL 34134 City 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 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agen) signature required when reinstaling) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DΒ PD Addition TITLE 🔀 Delete TITLE BEYER, JR., R.C. NAME NAME Egly, Doug 2020 CLUBHOUSE DR. STREET ADDRESS 2020 CLUBHOUSE DRIVE STREET ADDRESS SUN CITY CENTER, FL 33573 N CITY CENTER FL. CITY-ST-7IP CITY-ST-ZIP DVP Delete Change ☐ Addition TITLE TITLE AMAN, ROGER NAME NAME STREET ADDRESS 2020 CLUBHOUSE DR STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE DST ☐ Delete TITLE ☐ Change ■ Addition NAME KEITH, SYLVIA NAME 2020 CLUBHOUSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ 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 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.

SIGNATURE: _

WA KUTH SYLVIA KEIT!

4/28/06

813-642-1454

Daytme Phone #