

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90094 001 \*\*\*245.00

**DOCUMENT # N04000008944**

1. Entity Name  
**THE LANDINGS AT WATERLEFE PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**995 FISH HOOK COVE  
BRADENTON, FL 34212**

Mailing Address

**995 FISH HOOK COVE  
BRADENTON, FL 34212**

**66015263**



07102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0885116**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TAYLOR, KEN  
995 FISH HOOK COVE  
BRADENTON, FL 34212**

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LABOR, DAVID  
967 FISH HOOK COVE  
BRADENTON, FL 34212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
ALLENROOK, MIKE  
995 FISH HOOK COVE  
BRADENTON, FL 34212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
BARBARO, PAUL  
939 FISH HOOK COVE  
BRADENTON, FL 34212**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #