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

## **FILED** Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90081 021 \*\*\*\*61.25

1. Entity Name WATERLEFE MARINA CLUB, INC.											
24301 WALDEN CENTER DR 24				failing Address 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134		2 .					
2. Principal P	Place of Busines	ss - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, e			03032008 <sub>C</sub>	hg-NP	CR2E03	7 (12/06)		
City & State			City & State			4. FEI Number 20-409904	17			oplied For ot Applicable	
Zip			Zip			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						
LIACTING MUNICH					Name						
HASTING, VIVIEN WCI COMMUNITES, INC. 24301 WALDEN CENTER DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
BONITA SPRINGS, FL 34134					City		·		FL	Zip Cod	e .
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.						egistere	ed agent, or both, in	the State of Flo		amiliar with,	and accept
ine opligat	ions or register	ou agoni.									
SIGNATURE .	Signature, typed or	printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature	required	when reinstating)		DATE		
Filing Fee is \$61.25 9. Election 6 Due by May 1, 2008 Trust Fur						)	\$5.00 May Be Make check payable to Added to Fees Florida Department of State				
10.		OFFICERS AND DIR	ECTORS	11.		A	DDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE	PD		□ Dete	ie IIIL	E					Change	☐ Addition
NAME	EGLY, DOL			NAM			32 (			_ •	
NAME STREET ADDRESS CITY-ST-ZIP	EGLY, DOL <del>24301 WAL</del> <del>DONITA SP</del>	JG <del>DEN CENTER DR</del> ' <del>RINGS, FL 34134'</del>		NAM STRE	EET ADDRESS - ST-ZIP	10: Bri	ZZ FISH H	100K CO	VE 34212		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	EGLY, DOL 24301 WAL DONITA SP TDS- SANABRIA	DEN CENTER DR PRINGS, FL 34134 , ED	☐ Dete	NAM STRI CITY Ie TITLI NAM	EET ADDRESS '-ST-ZIP E	10: Br TD	ZZ FISH H ADENTON S	took co	NE 34212		☐ Addition
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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 office to 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.

Doug Equ.

There is no 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:

MARCH President

941-744-0393 Daylime Phone # 2008