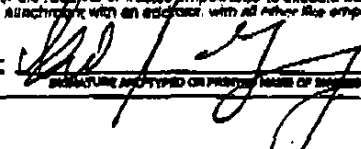


FILED
Apr 18, 2008 8:00 am
Secretary of State

04-01-2008 90010 036 ****61.25

Mar. 17. 2008 2:13PM
PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000000053		
1. Entity Name WATERSTONE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.		
Principal Place of Business 3298 SUMMIT BLVD. STE 7 PENSACOLA, FL 32503		Mailing Address 3298 SUMMIT BLVD. STE 7 PENSACOLA, FL 32503
2. Principal Place of Business - No P.O. Box # 908 Gardensgate Cir Suite, Apt. #, etc.		3. Mailing Address 908 Gardensgate Cir Suite, Apt. #, etc.
City & State Pensacola, FL		City & State Pensacola, FL
Zip 32504		Country USA
4. FEI Number 20-4989612		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GODFREY, RICHARD 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32568		7. Name and Address of New Registered Agent 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, as 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 re-electing) DATE		
Filing Fee is \$61.38 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Estate check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GODFREY, RICHARD 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32568 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EOELFRESH, TOM 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32568 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARPENTER, MILLIE 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32568 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 recorder 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: 		3/18/08