- Mar. 17. 2008 2:13PM

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-01-2008 90010 036 ****61.25

DOCUMENT # N06000000053

1. Entity Name
WATERSTONE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.

66007204

Principal Place of Business	Mailing Address
3298 SUMMIT BLVD. STE 7 PENSACOLA, FL 32503	3298 SUMMIT BLVD. STE 7 PENSACOLA, FL 32503

01072008 Chg-NP CR2E037 (12/05)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
908 Gardengate Cir	908 Gardengate Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32504 Country: USA	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	7. Name and Address of New Registered Agent
GODFREY, RICHARD 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32566	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, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GODFREY, RICHARD 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32566	☐ 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 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OST CARPENTER, MILLIE 7552 NAVARRE PARKWAY, SUITE 4 NAVARRE, FL 32566	☐ 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
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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 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 explanation. with all other like empowered.

SIGNATURE: _____ 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date